

Are you 5-13 years old and interested in playing fall soccer? Sign up at Driving Park to be a part of the Fall I season. The age divisions are: 5-6, 7-9, and 10-13. These are all co-ed teams. Conditioning and practices will start the week of September 16th and games will start September 20th.



2014
DRIVING PARK FALL SOCCER
 1100 Rhoads Avenue
 Columbus, OH 43206
 (614) 645-3228
www.Columbusrecandparks.gov



Registration Week:
September 9th Through September 16th
Season Starts:
Week of September 20th.

Practice will be Tuesday and Thursdays 6pm-7pm
Games will be on Saturdays From 10am-2pm

*** Register in person at Driving Park during normal business hours.**
This program will cost \$10

COLUMBUS RECREATION AND PARKS
 PARENTAL PERMISSION FORM



I, _____, my son / daughter, _____
 (Print Parent or Guardian's Name) (Print Child's Name)
 to participate with Staff, and the children from Driving Park
 Recreation Leader Recreation Center / Playground
 in ALL FALL Soccer Activities 2014 to be held at CRPD Designated Location (s)
 (Activity) (Place)
 on ALL FALL 2014 from 9:00 (A.M. / P.M.) to 3:00 (A.M. / P.M.).

TO BE SIGNED BY PARENT / GUARDIAN

I agree not to hold the City of Columbus, its leaders, counselors or sponsors liable for damage to property of participant (s) or, injury to participant (s) sustained by participation that results from the operation of this program / activity.

 (Signature of Parent or Guardian) (Date)

 (Telephone Number) (Emergency Contact Number)

COLUMBUS RECREATION AND PARKS DEPARTMENT
D. P. SOCCER REGISTRATION INFORMATION FORM
Driving Park Recreation

Date: _____
 Last Name: _____ First Name: _____ M.I. _____
 Address: _____ Apt. No.: _____
 City: _____ State: _____ Zip Code: _____ Home Telephone: _____
 Birth Date: ____/____/____ Age : _____ Other Telephone: _____
 Emergency Contact Name: _____ Emergency Contact Telephone No.(s): _____
 Email Address: _____
 Emergency Medical Info. (allergies, diabetes, etc): _____

I agree not to hold the City of Columbus, its leaders, counselors or sponsors liable for damage to property of participant (s) or, injury to participant (s) sustained by participation that results from the operation of this program /activity.

(Parent or Guardian) Signature _____

AGE DIVISIONS: (5-6) (7-9) (10-13) SHIRT SIZES: YS YM YL AS AM AL AXL AXXL