

Are you 5-13 years old and interested in playing fall soccer? Sign up at Moler Elementary (1201 Moler Rd. Col, Oh 43207) to be a part of the Fall 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 8th, and games will start September 19th.

# 2015 DRIVING PARK SPRING FALL

1100 Rhoads Avenue  
Columbus, OH 43206  
(614) 645-3228

[www.Columbusrecreandparks.gov](http://www.Columbusrecreandparks.gov)



Registration Week:

September 1st through September 4th

Season Starts:

September 19th

\* Practice will be Tuesday and Thursdays 6pm-7:15pm@

Driving Park

Games will be on Saturdays From 10am-2pm@ Sycamore Fields (Three Creeks Metro Parks.)

\* 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 2015 to be held at CRPD Designated Location (s)  
(Activity) (Place)  
on ALL Fall 2015 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): \_\_\_\_\_

AGE DIVISIONS: (5-6) (7-9) (10-13)

SHIRT SIZES: YS YM YL AS AM AL AXL AXXL

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