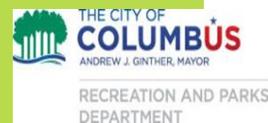


Are you **5-13** years old and interested in playing spring soccer? Sign up at Driving Park to be a part of the spring season. The age divisions are: **5-6**, **7-9**, and **10-13**. These are all co-ed teams. Conditioning and practices will start the **March 22nd** and games will start in the middle of April.

2016 DRIVING PARK SPRING SOCCER

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

www.Columbusrecandparks.gov



Registration Week:
March 15th-March 19th
Season Starts:
Week of March 26th

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

CONCUSSION ACKNOWLEDGEMENT

By signing as parent/ guardian/ caregiver, I acknowledge of having read the "Ohio Dept. of Health concussion information sheet found here; (www.healthy.Ohio.gov/concussion) and understand the risk of participants and my responsibility to report any symptoms to coach and their physician.

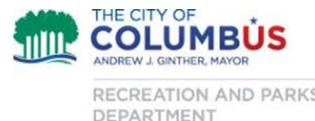
Signature _____

*

*** 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 Spring Soccer Activities 2016 to be held at CRPD Designated Location (s)
(Activity) (Place)

on ALL Spring 2016 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.

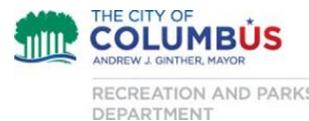
(Signature of Parent or Guardian)

(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

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.