



Fall Soccer Training for Select and Rec+ players For Boys & Girls

Academy-like Practices for all teams on Tuesdays, games on Saturdays
Tournament: September 23 (Michigan) More tournaments to follow
All practices at Indian Village Elementary School

Indian Village Elementary: 3835 Wenonah Lane, Ft. Wayne, IN 46809



Aug 23 -- Skills Day for NEW & Returning Athletes / Initial Field Set up.
 First Game: September 10 (Saturdays for 6 weeks)
INDIVIDUAL Cost: \$130.00 (New registers' add \$25. Mandatory Uniform Fees)

Registration deadline: Aug 23, 2016

Fees cover: uniforms, field preparation, equipment, individual insurance, and 1 tournament.

For more information/para más información :

Linda Miller, linda@innercitysoccer.com, l.millerx@frontier.com 260-744-8577 (habla español)

Registrations with payment can be dropped off at the Indian Village school office
Or mail to:

Inner City Soccer, Inc. P.O. Box 11021 Ft. Wayne, IN 46855.

Download application: www.innercitysoccer.com



(Keep this portion)

INDIVIDUAL REGISTRATION

To register:

1. Complete registration, bring it with payment to the School office or mail with payment to address above
2. No refunds or credits will be given once you have been placed on a team
3. \$5 late fee will be charged if league fees are not paid in full prior to the 1st game

NAME: _____ AGE: ____ D.O.B: Month ____ Day ____ Year ____ SEX: M/F

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ WORK: _____ E- Mail: _____

PARENT'S NAME: _____

School _____ Grade _____

RELEASE AGREEMENT & AUTHORIZATION:

This is to certify that all information supplied herein is accurate to the best of my knowledge. I hereby release and discharge Inner City Soccer, Inc. of Fort Wayne and all its members, representative, coaches, referees or designates of the Corporation and all sponsors from any and all liability from any claims I have or may have because of injury to my child (said youth) as a participant prior to, during and after the soccer league. In case of any accident or illness I give permission for my child to be given medical treatment as deemed appropriate. I will assume responsibility for any medical bills incurred by my child at local hospital or local Clinic.

Signature of Parent or Guardian: _____ Date: _____