PITTSFORD RECREATION DEPARTMENT

2015 YOUTH SOCCER

A NEW SEASON

The Pittsford Recreation Department will be sending our own U10 (3rd/4th Grade) boys and girls teams to play games in the Rutland Recreation Department Fall Youth Soccer League.

Lothrop Elementary School U12 (5th/6th Grade) boys and girls teams will also be playing in the Rutland Youth Soccer League this fall.

Games will begin September 12th and finish on October 24th with the Fall U10/U12 Jamboree. Games will be played on Saturday afternoons between 12:30 pm and 5:30 pm. Jamboree games will start as early as 8:00 am. Teams can also expect 1 or 2 weekday evening games (U10 Monday evenings and U12 Wednesday evenings) over the course of the season. Schedules will be completed by Friday, September 4th. **Parents/coaches should expect they will have a game on September 12th, this will help avoid the stress with the schedule coming out a week before.** The schedules will be sent via e-mail as they are completed and posted on the website www.rutlandrec.com/soccer.

Practices for all 3rd – 6th teams begin Thursday, August 27:

U10 Girls @ 5:00-5:50 pm @ Recreation Area Lower Field (Coach Amanda Cook)
U12 Boys @ 5:30-6:30 pm @ Recreation Area Upper Field (Coach Randy Adams)
U10 Boys @ 5:30-6:30 pm @ Recreation Area Lower Field (Coach Shawn Good)
U12 Girls @ 3-4 pm @ Lothrop School (Coach Tammi Blanchard)

U10 ***(Typically Third and Fourth Grades)*** **Practice Days & Times TBD**

Teams will compete in Rutland Rec. League on Saturday afternoons starting September 12th and going through October 24th. There will also be 1 or 2 additional Rutland League games during the week. Pittsford Rec Teams could host at least 2 home games and travel to 2 additional away games. Games 6 v 6.

FEE: $30 **Practice/Home Field: Pittsford Recreation Area**

U12 ***(Typically Fifth and Sixth Grades)*** **Practice Days & Times TBD**

Teams will compete in Rutland Rec. Youth Soccer League on Saturday afternoons starting September 12th and going through October 24th. There will also be 1 or 2 additional Rutland League games during the week. Lothrop 5th/6th teams could host at least 2 home games and travel to 2 additional away games. Games played 8 v 8.

FEE: Free! This is a school-sponsored program. Practice/Home Field: Pittsford Rec. Area

TO SIGN UP FOR ANY OF THESE PROGRAMS PLEASE COMPLETE ATTACHED CHILD REGISTRATION FORM AND RETURN IT TO THE RECREATION DEPARTMENT EITHER BY MAIL OR DROP IT OFF AT THE TOWN OFFICES.

QUESTIONS CONTACT THE RECREATION DIRECTOR
483-6500 EXT. 17 OR RECREATION@PITTSFORDVERMONT.COM

PITTSFORD RECREATION DEPT.
CHILD REGISTRATION FORM

P.O. Box 10, 426 Plains Road, Pittsford, VT 05763
483-6500 ext. 17 www.town.pittsford.vt.us

PLEASE PRINT AND COMPLETE ENTIRE FORM

NAME of PARENT/LEGAL GUARDIAN:_____

ADDRESS:_____ CITY:_____ STATE:____

HOME PHONE:_____ DAY/WORK:_____ CELL:_____

EMERGENCY CONTACT:_____ PHONE:_____

ALLERGIES OR CONDITIONS WE SHOULD KNOW ABOUT?:_____ SHIRT SIZE:_____ E-mail:_____

All programs are available on a first come, first serve basis. Early sign-up assures placement. With the proper fees you may bring your form into the Town Offices Mon-Wed 8 am-4:30 pm, Thur 8 am-6 pm & Fri 8 am-3 pm. You can also mail it, or drop in the After-Hours Drop Box located near the exit of Town Offices parking lot.

	PROGRAM NAME	CHILD'S NAME	AGE	GRADE	GENDER	FEE
1.						
2.						
3.						
4.						
5.						

~PLEASE READ CAREFULLY~

Release: I understand there are risks of physical injury in participating in sports and recreational activities. I hereby release the TOWN OF PITTSFORD, its employees, and agents from any liability or personal injury, or loss or damag to personal property which I or my child may experience in connection with activities sponsored by the Pittsford Rec. Dept. I hereby consent to any medical procedures deemed advisable for my child in the event I cannot be reached and my child has sustained an injury. The dept. does not provide accident or hospitalization insurance for participants of i programs. All participants are advised to have adequate personal coverage. Please consider ones own health, experience, and tolerance for risk before participating in any Recreation program. I hereby consent to the use of my child's photo or video by the Department for flyers or presentations.

X_____ Date:_____

Signature of parent, Legal Guardian, or Participate if over 18 years old

Office use: Amt Rec'd_____ CK# _____ Date _____ Rec'd by _____