



# Branson Parks & Recreation

## Youth Fall Soccer TEAM 2017

1501 Branson Hills Parkway  
Branson, MO 65616  
417-335-2368 Fax 417-335-2523  
www.bransonparksandrecreation.com

### SCHEDULE

Registration: July 17- August 29  
Practices: Begin the week of September 4th  
Season: Saturdays, September 23– Nov 11  
Coaches Meeting: Tuesday, Aug 29th @6pm

All players, parents and coaches are required to sign a **CODE OF ETHICS**, relating to conduct in regards to participation in youth sports, and an liability release waiver form before teams are allowed to participate.



Text @ysoc2017 to 81010 to receive text alerts for schedule updates and weather information.

### Registration Fees:

Registration fees must be received at the time of registration. This is a **CO-ED** league.

#### Team Fee:

- U6 (4vs4) \$225/\$215 (RD) Max Roster 8
- U8 (5vs5) \$285/\$265 (RD) Max Roster 10
- U10 (6vs6) \$340/\$315 (RD) Max Roster 12
- U12 (8vs8) \$340/\$315 (RD) Max Roster 12
- U14 (8vs8) \$340/\$315 (RD) Max Roster 12

You can qualify for the resident (RD) discount if over half (55%) of your players live **inside** the city limits of Branson. This will be verified by supplying each players name and address on the team roster.

**Refund Policy:** A full refund will be given prior to the first scheduled week of practices. 50% refund within the first 2 weeks of scheduled

### Youth Fall Co-Ed Soccer Team 2017

How would you rate team?	Beginner	Intermediate	Advanced
Do you hold try-outs?	Yes	No	
Do you play in tournaments?	Yes	No	
How long have you been practicing?	1 Week	2 Weeks	3 Weeks +
How many times per week do you practice?	Once	Twice	Three+
Do you play in another league outside of Branson Parks and Recreation?	Yes	No	If so where? _____

#### Fall-Age as of September 1st

\_\_\_\_\_ U6      \_\_\_\_\_ U8      \_\_\_\_\_ U10      \_\_\_\_\_ U12      \_\_\_\_\_ U14  
(ages 5-6)      (ages 7-8)      (ages 9-10)      (ages 11-12)      (ages 13-14)



Team Name: \_\_\_\_\_  
Coach Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Coach's Email: (mandatory) \_\_\_\_\_  
Assistant Coach: \_\_\_\_\_ Phone: \_\_\_\_\_

For Office Use Only:      Total Paid: \_\_\_\_\_      cash      check      charge      Date: \_\_\_\_\_      Staff Initials: \_\_\_\_\_

## Team Roster

		Player's Name	Parent's Name	Address	City
	1				
	2				
	3				
	4				
	5				
	6				
	7				
<b>U6 Max</b>	8				
	9				
<b>U8 Max</b>	10				
	11				
<b>U10 U12 U14 Max</b>	12				