

SCHEDULE

Registration: July 16- August 28
 Practices: Begin the week of September 3rd
 Season: Saturdays, September 22– Nov 10
 Coaches Meeting: Tuesday, Aug 28th @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 @bprysoccer to 81010 to receive text alerts for schedule updates and weather information.

REGISTRATION

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
- U15 (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 practices. No refunds thereafter.

Youth Fall Co-Ed Soccer Team 2018

| | | | |
|--|----------|--------------|--------------------|
| 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 | _____ U15 |
| (ages 5-6) | (ages 7-8) | (ages 9-10) | (ages 11-12) | (ages 13-15) |



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 | | | | |
| U6 Max | 8 | | | | |
| | 9 | | | | |
| U8 Max | 10 | | | | |
| | 11 | | | | |
| U10 U12 U14 Max | 12 | | | | |