

ANTRIM PARKS & RECREATION

P.O. BOX 517 ANTRIM NH, 03440

www.antrimnh.org



SOCCER FOR AREA YOUTH AGES 4 THRU 14

Phone 603-588-3121 or Fax 603-588-2969

antrimrecreation@tds.net

HOW TO REGISTER:

Visit us at the Antrim Recreation Office.

Deliver to the Town of Antrim Town Hall:
Monday-Thursday 8:00 am - 4:00 pm

Mail completed registration & payment to:
Antrim Recreation
PO Box 517
Antrim NH 03440

COST per player: (covers Tournament Fees, League Fees, Uniform & Equipment)

- \$45 for Ages 9 thru 14 (U10 & U12)
 - \$35 for Ages 4 thru 8 (U6 & U8)
 - **Deadline – Saturday, July 23rd**
 - **Add \$10 to registration after July 23rd**
- Make checks payable to **Town of Antrim**

Things you need to know:

Coed teams will be formed for:

Ages 4, 5 & 6 (U6) – Early Development Program will meet on Saturdays in the morning

Ages 7 & 8 (U8) – Practices Tuesdays and Thursdays

Ages 9 & 10 (U10) – Practices Mondays and Wednesdays

Ages 11 & 12 (U12) – TBA by Coach

- Players should have black shorts as part of their uniform, water bottle, sun block and bug spray if needed.
- Games and Practices are held 5:15 to 6:30 on weeknights in Antrim, Bennington, Hancock and Frankestown.
- All teams will have some Saturday games.
- *Teams formed when enough players & coaches register!*

Dates to save:

- Sunday, Sept. 25th Youth Soccer Month Celebration
- U8 Round Robin – Saturday, Oct. 22nd Antrim, NH
- U10 NHSA Festival – Date TBA Manchester, NH
- U12 Kohl's American Cup Tournament – Date TBA Manchester, NH

DETACH FORM HERE AND SEND OR BRING REGISTRATION TO ANTRIM RECREATION (SEE ABOVE)

Players Name: _____ Grade: _____ Town: _____

Parents Name: _____ Home Phone: _____

Mailing Address: _____ Cell Phone: _____

_____ Work Phone: _____

E-mail Address: _____ Gender: M or F DOB: _____

UNIFORM SIZE: SHIRT YS YM YL AS AM AL (Black shorts should be worn with shirts not provided by League)

Volunteers Needed: Coach Asst. Coach/Team Mgr Scorekeeper **Concessions

** If you volunteered to help with concessions, please contact us with your availability after reviewing your son or daughter's home game schedule.

Name of Volunteers: _____

Players Name: _____ Soccer Registration

All sports are potentially dangerous and may result in personal injury to the player. You hereby are acknowledging that you are registering your child and accept the risks inherent in the sport. Additionally, you understand that any injuries or illnesses sustained by your child will be your responsibility to pay for and that there is no medical insurance granted to your player/child when they register for our program. You understand and give permission for us to seek appropriate medical care and transport in the case of injury or sudden illness.

Emergency Contact _____ Phone: _____

Child's regular physician: _____ Phone: _____

Parnet/Guardian Signature: _____ Date: _____

Please note anything we should know (medical, social, carpool issues etc.) about your child. Use the back of this form if more room is needed? _____