

Fall Co-Ed Indoor Soccer **ST. JAMES**

sponsored by St. James UMC Activities Ministries



Teams will be formed as evenly as possible within each age division after evaluation of skills has been made. This is an evaluation not a try out.

Regular weekly practices will start the following week and games will be scheduled for Saturdays beginning September 26th. The game season, which includes a tournament, will last for seven weeks. Games will be at St. James and gyms of other churches and schools participating in the league.

A uniform t-shirt will be provided. Children will be required to furnish and wear shorts, shin guards and regular tennis shoes. No cleats, waffle or black soles will be allowed.

Parents will be contacted via email prior to the week of September 1st to confirm their child's evaluation day and time. Once teams have been formed from the evaluation, the coaches will notify parents and will confirm their regular practice times.

Registrations will be accepted on a first-come, first serve basis. We cannot accept registrations over the phone. You must register before the evaluation date and fee must accompany registration.

Dads & Moms: If you would be interested in helping coach your child's team, please contact Elizabeth Johnson at 404.261.3121.

Evaluation Schedule and Team Practice Times

*practice times are subject to change based on availability of coaches

*age divisions are subject to change based on number of children registering

- 4 1/2 – 5 year olds
Evaluation: Friday, September 4 at 5:30 p.m.
- 6-7 year olds
Evaluation: Thursday, September 3 at 5:30 p.m.
- 8-9 year olds
Evaluation: Wed., September 2 at 5:30 p.m.
- 10-12 year olds
Evaluation: Tuesday, September 1 at 5:30 p.m.

*Register before
August 15, 2009 to
receive early bird
price of \$85*

The purpose of the League is to encourage and promote good sportsmanship and Christian fellowship while teaching the values of teamwork.

For more information, contact Elizabeth Johnson

EJohnson@StJamesAtlanta.org

404-261-3121

Registration for

St. James Indoor Soccer

Office Use Only
D.R. _____ D.O. D. _____

Child's Name: _____

Age as of 9/1/09: _____ Birthdate: _____

Address: _____

Home #: _____

Cell #: _____

Parents' Names: _____

Email Address: _____

Emergency Contact: _____

Phone #: _____

Would you be interested in helping coach your child's team?

If so, please indicate below.

Name _____

Daytime Phone _____

Email address _____

Please check age division for this child:

_____ 4 1/2 – 5 years _____ 8-9 years
_____ 6-7 years _____ 10-12 years

Checks must accompany registration. Payment must be received prior to first class. Make checks payable to **St. James UMC. Registration fee is \$95.**

Parental agreement: I understand that neither St. James United Methodist Church, nor its employees or volunteers, can be held responsible for any injuries received by my child while en route to or from class, while attending class, or in any class activity. In case of emergency, the church's employees or volunteers have my permission to call doctors, ambulance, or use any hospital in the child's best interest.

Parent Signature _____

Date _____