



Charles Carroll Recreation Council
Carroll County Recreation and Parks
www.charlescarrollrec.org

2011-2012 INDOOR SOCCER REGISTRATION

Charles Carroll Recreation Council Soccer will again put together an indoor soccer program at Carroll Indoor Sports Center. Teams are co-ed and broken down by grades in two year increments. Grades K-1 are placed on the same team, grades 2-3 are placed on the same team and so forth. Session 1 runs from the third week in Nov. through the second week in January. Session II runs from the third week in January through the end of March. There is usually one game per week and typically there are very few practices scheduled for indoor soccer.

WHO: Boys & Girls Kindergarten through Grade 12

COST: \$75.00 per child per session (no maximum family out of pocket)

To register mail a completed registration form and check made payable to CCRC to:

Charles Carroll Soccer
C/O Darlene Sadowski
210 Garden Way
Westminster, Maryland 21157

REGISTRATION PERIOD: Registration forms will be accepted from now through the end of October. Special requests will be considered but not guaranteed.

MORE INFORMATION: Contact Darlene Sadowski at ocnjbeachbum1@hotmail.com or Steve Powell at powellshea@comcast.net

Additional registration forms may also be downloaded from:
WWW.CHARLESCARROLLREC.ORG

Accessibility Notice: The Americans with Disabilities Act applies to the Carroll County Government and its programs, services, activities and facilities. Anyone requiring an auxiliary aid or service for effective communication or who has a complaint should contact Jolene G. Sullivan, The Americans with Disabilities Act Coordinator, 410.386.3600, 1.888.302.8978, MD Relay 7-1-1/1.800.735.2258 or email jsullivan@csg.carr.org as soon as possible but no later than 72 hours before the scheduled event.



www.ccrecpark.org



INDOOR SOCCER REGISTRATION FORM

PLEASE PRINT ALL INFORMATION

CHILD'S NAME: _____ **M** ___ **F** ___

BIRTH DATE: ____ / ____ / ____ **AGE:** _____ **CURRENT GRADE:** _____
 (Use public school grade level)

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: _____ **ADDITIONAL PHONE:** _____

E-MAIL ADDRESS: _____

Uniform Size Information (Please Circle):

Shirt: Y-S Y-M Y-L A-S A-M A-L A-XL

My child, _____ has my permission to participate in the activity named above at the time and place indicated at the time of registration. I understand that he/she is subject to the program and recreation council rules of conduct. The undersigned acknowledges that the Charles Carroll Recreation Council does not provide any registrant medical or hospitalization insurance whatsoever, and hereby waives and all claims against the Council and the Department of Recreation & Parks or any other person affiliated with the recreation council program for injuries sustained while watching or playing games, or traveling to and from games, or participating in any leisure time activity.

PARENT/GUARDIAN SIGNATURE

PARENT / GUARDIAN NAME (printed)

League	Days/Game Start Times:	Session I	Session II
K-1 st Co-Ed Rec.	Sun., 12:00 PM-7:00 PM/Mon., 5:30 PM-6:30 PM	11/20-1/15	1/29-4/1
2nd-3rd Grade Co-ed Rec.	Sat., 8:30 AM-7:30 PM/Wed., 5:30 PM-7:30 PM	11/19-1/21	2/4- 4/7
4th-5th Grade Co-ed Rec.	Thurs., 5:30 PM-7:30 PM/Tues., 5:30 PM-7:30 PM	11/17-1/19	2/2-4/5
6th-7th Grade Co-ed Rec.	Wednesdays/Mondays 5:30 PM-7:30 PM	11/30-1/18	2/1-4/4
8th-9th Grade Co-ed Rec.	. Tuesday/Wednesday 5:30 PM-8:30 PM	1/22-1/17	1/31-4/3
10th-12th Grade Co-ed	Sat. 3:00 PM-10:00 PM/Fri. 4:30 PM-6:30 PM	Session I 11/11 – 12/30 Session II 1/16 – 2/18 Session III 2/10 – 4/6	

