

IOWA FALLS PARKS AND RECREATION  
YOUTH SOCCER  
GRADES 2-3-4-5



Please fill out and detach the bottom portion of this sheet to register your child for spring soccer. Class size is limited, additional sections will be added if registration warrants.

Play will start Tuesday, April 12, (Tuesdays and Thursdays). We will not meet when school is dismissed early or not in session. The program will be held at the Open Space area at the High School from 3:30 – 4:30 for 4 weeks. Fundamentals and skills will be taught as well as game situations. All grades will meet on the north side of the playground at Rock Run in the shelterhouse. Children will walk over as a group to the open space at the High School. Children should also be picked up there. The walk will be led by Recreation Staff.

Inter-squad games will be scheduled on Saturday mornings once the season starts and a schedule will be made.

The fee for this program is **\$15.00** and should be dropped off at City Hall by April 1, 2016. **After April 1st, the cost will be \$20.00.**

We are seeking volunteers to help with this program. If you are interested or know of anyone who is, please include this on the registration form. If you have any questions concerning this program or the registration, please contact the Park and Recreation Department at 648-2527. We stress...PARTICIPATION... FUNDAMENTALS...SPORTSMANSHIP...and LOTS OF FUN!!

**Parent's Note:** For 2<sup>nd</sup> graders who want to participate and will need to ride the shuttle from Pineview to Rock Run, please check off on the bottom of this form. This is only if you do not normally ride the shuttle. You will be contacted on which bus they will need to ride.

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Please make checks payable to: **CITY OF IOWA FALLS**  
**Return form to: City Hall, 315 Stevens St.**  
**(Do Not Return Form to the School)**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Boy/Girl (Circle)

Parent's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number:(H) \_\_\_\_\_ (W or C) \_\_\_\_\_ Current Grade of Child: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does your child have any special needs that we need to be aware of? \_\_\_\_\_

As a parent, I am interested in helping: \_\_\_\_\_yes \_\_\_\_\_no

Someone who might want to help:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2<sup>nd</sup> Grade Only: Shuttle transportation needed: \_\_\_\_\_yes \_\_\_\_\_no (circle)

YS/16  
2-3-4-5

FOR OFFICE USE ONLY

Date Paid: \_\_\_\_\_ Amount: \$15.00