

# Skyline Soccer Association

2370 South Colorado Blvd, Denver, Colorado 80222

303.691.5662 (phone) 303.691.5675 (fax)

[www.skylinesoccer.org](http://www.skylinesoccer.org)

Online registration available at [www.skylinesoccer.org](http://www.skylinesoccer.org)

Complete the online registration (preferred) or return this form to our office with payment.

## STEP 1: PICK YOUR AGE GROUP

Grasshoppers \_\_\_\_\_ Munchkins \_\_\_\_\_ U6 \_\_\_\_\_ U7 \_\_\_\_\_ U8 \_\_\_\_\_ U9 \_\_\_\_\_ U10 \_\_\_\_\_

U11 \_\_\_\_\_ U12 \_\_\_\_\_ U13 \_\_\_\_\_ U14 \_\_\_\_\_ U15 \_\_\_\_\_ U16 \_\_\_\_\_ U17 \_\_\_\_\_ U18 \_\_\_\_\_

Please find your age group online by going to [www.skylinesoccer.org](http://www.skylinesoccer.org) -> Getting Started

## STEP 2: PICK YOUR PROGRAM

Grasshoppers - Sat - Veterans Park - 9:00 - 9:45 am _____ \$65	Recreational U6 - U8 - Fall OR Spring Only _____ \$120	U9 Cross Quad _____ \$150
Grasshoppers - Sat - Cranmer Park - 9:00 - 9:45 am _____ \$65	Recreational U6 - U8 - Fall AND Spring _____ \$200	U10 Intermediate _____ \$170
Grasshoppers - Sat - Hampden Heights - 9:00 - 9:45 am _____ \$65	Recreational U9 - U10 Fall Or Spring Only _____ \$150	U11+ Intermediate _____ \$195
Grasshoppers - Tues - Cranmer Park - 5:15 - 6:00 pm _____ \$65	Recreational U9 - U10 Fall AND Spring _____ \$225	Competitive U11 - U12 _____ \$670
Grasshoppers - Wed - Veterans Park - 5:15 - 6:00 pm _____ \$65	Recreational U11+ Fall OR Spring Only _____ \$160	Competitive U13 - U14 _____ \$710
Munchkins 1 - Sat - Hampden Heights - 10:15 - 11:15 am _____ \$65	Recreational U11+ Fall AND Spring Only _____ \$235	Competitive U15 - U16 _____ \$385
Munchkins 1 - Sat - Veterans Park - 10:15 - 11:15 am _____ \$65	Metro League _____ \$120	Competitive U17 - U18 _____ \$410
Munchkins 1 - Sat - Cranmer Park - 10:15 - 11:15 am _____ \$65		All Competitive registration costs include
Munchkins 2 - Sat - Veterans Park - 11:30 - 12:30 pm _____ \$65		all league fees except uniform costs
Munchkins 2 - Sat - Cranmer Park - 11:30 - 12:30 pm _____ \$65		
Munchkins - Tues - Cranmer Park - 5:15 - 6:15 pm _____ \$65		
Munchkins - Wed - Veterans Park - 5:15 - 6:15 pm _____ \$65		

## STEP 3: LIST ANY TEAM/COACH/FRIEND REQUESTS

## STEP 4: PLAYER INFORMATION

Players Last Name \_\_\_\_\_ Players First Name \_\_\_\_\_ M or F

(Circle One)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ School Attending \_\_\_\_\_

Dad's Name \_\_\_\_\_ Dad's Cell # \_\_\_\_\_

Dad's Work # \_\_\_\_\_ Dad's Email \_\_\_\_\_

Mom's Name \_\_\_\_\_ Mom's Cell # \_\_\_\_\_

Mom's Work # \_\_\_\_\_ Mom's Email \_\_\_\_\_

## STEP 5: REGISTRATION PAYMENT INFO

Amount Enclosed: \$ \_\_\_\_\_ Check Number: \_\_\_\_\_

VISA or MasterCard # (circle one) \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

## STEP 6: PARENTAL WAIVER

### THIS SECTION MUST BE READ AND SIGNED FOR CHILD TO PRACTICE OR PLAY. NO EXCEPTIONS

In consideration of the acceptance of my child into the activities conducted by the Skyline Soccer Association (hereafter called Association) and its member teams, I hereby, for my child and myself, and our respective heirs, administrators, guardians, and representatives, waive, release, and forever discharge any and all rights and claims which I or my child may have now or which may accrue to any of us in the future, against the Association, the teams, coaches, officials, officers and members of the Association, all municipalities, special districts/properties, sponsors or others involved in the Soccer Program, for any and all damages which may be sustained or suffered by any of us in connection with the events or activities (including travel to or from such activities or events) which the Association sponsors or in which it is involved. I agree to abide by the rules of the Association and hereby give my consent for my child to participate in all Skyline Soccer Association activities. As the parent or legal guardian of the above mentioned player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine, Dentistry, Emergency Medical Technician or Certified Athletic Trainer. This care may be given under whatever conditions are necessary to preserve the life, limb and well-being of my dependent. Additionally, I authorize the use of photos or videos that may be taken of my child while participating in this program to be used by Skyline Soccer on their website, direct mail, brochures or any other promotional material.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_