

Northwest Soccer Club – Spring 2015 Registration Information

Teams are formed by the player's date of birth according to the chart below:

AGE GROUP	BIRTHDATES FROM	TO		AGE GROUP	BIRTHDATES FROM	TO
U6	8/1/08	7/31/10		U14	8/1/00	7/31/02
U8	8/1/06	7/31/08		U16	8/1/98	7/31/00
U10	8/1/04	7/31/06		U19	8/1/95	7/31/98
U12	8/1/02	7/31/04				

Before 01/10/15 After 01/10/15

U6 Registration Fee:	\$60	\$80**
U6 Registration w/non volunteer:	\$80	\$100**
U8 & Above Registration Fee:	\$80	\$100**
U8 & Above Registration w/non volunteer:	\$100	\$120**

A donation of \$20 is required if you are unable to Parent Volunteer
** - Includes \$20 late fee

Registration Information

Registration will be Saturday January 3rd from 10-2 at Merle Hay Mall
Mail registrations to Judy Neal 4018 39th Pl, Des Moines IA 50310
Email: judy.nwsoccer@gmail.com or phone number: 515-278-5166

Uniform Information

U6 players will be issued a t-shirt.

U8 and above will need a uniform set that consists of 2 jerseys, 1 pair of shorts and 2 pairs of socks. The cost of the set is \$28 and they can be purchased from **Soccer Connections** at 3233 100th St in Urbandale. Their phone number is 270-8141. Purchase/order uniforms by March 1, 2015 to ensure availability.

General Information

- New players **MUST** provide a copy of their **Birth Certificate** at registration time.
- Players who register after 01/10/2015 will not be guaranteed a place on a team.
- Spots on existing teams will not be guaranteed for returning players who register after 01/10/2015.
- **Un** honored checks will be assessed a \$10.00 surcharge.
- **No refunds** will be given unless the club is unable to place a player on a team.
- Shin guards are mandatory playing equipment.
- Ball sizes: U6/U8 -> Size 3 U10/U12 -> Size 4 U14 and above -> Size 5.
- Cleats are optional at U6.
- Limited Scholarships are available. To be considered for a scholarship applications **MUST** be completed in full and turned in with the registration form before 1/10/15
- *Season play begins September to November. Coaches will call players with times and dates of practice and game schedules. Registrar is unable to help with these questions. Please go to www.nwsoccerclub.org*

*****PLEASE print clearly on the registration so we can get the most accurate information entered and avoid any delays*****

*** This is not a Des Moines Public Schools publication and is being provided as a courtesy to inform you of other activities and opportunities available***

Northwest Soccer Club –Spring 2015 Registration

Player's Name: _____

Sex: M ____ F ____ Birthdate: _____ Phone: _____

Address: _____

City: _____ Zip Code: _____

Age as of August 1, 2014: School: _____

Mother's Information:

Name: _____ **Mothers Birthdate:** _____

Address (if not same as above): _____

Home Phone: _____ Cell Phone: _____

Most used E-Mail Address: _____

Father's Information:

Name: _____

Address (if not same as above): _____

Home Phone: _____ Cell Phone: _____

Most used E-mail Address: _____

Has player previously played with Northwest Soccer?: Yes ____ No ____**

****copy of birth certificate must be included if new****

If yes, indicate player's most recent coach?: _____

I hereby consent to the release of my information to partner organizations and for my child to participate in and abide by all rules of Northwest Soccer Club and the Greater Des Moines Junior Soccer League. As parents or guardians of the above child, we acknowledge that there is risk of injury with all recreation, and in consideration of said child being allowed to participate in the Northwest Soccer Club, we assume all risk of injury to the child and hereby agree to indemnify and hold harmless the Northwest Soccer Club and the agents and employees from any claims, demands or liability arising from said child's participation in the Northwest Soccer Club.

Parent/Guardian Signature _____ Date: _____

NORTHWEST SOCCER EXISTS DUE TO THE COMMITMENT OF PARENTS LIKE **YOU**. IN ORDER TO ENSURE THAT THE CLUB CONTINUES TO MAKE SOCCER AVAILABLE, PLEASE CIRCLE THE AREAS IN WHICH YOU CAN HELP:

COACH ASSISTANT COACH REFEREE ** BOARD REP
TEAM MANAGER TEAM PARENT

YOU MUST SELECT ONE OR ADD THE VOLUNTEER FEE-NO EXCEPTIONS

Parent: _____ Phone: _____

If coaching **U6** please indicate T-Shirt size: _____

****Must be certified for U12 and up**

Mail Forms to: Judy Neal, 4018 39th Pl, Des Moines, IA 50310

Fee: _____ Late Fee: _____ Check #: _____ BC: _____ Donation: _____
Date Rcvd: _____