



# MIDSTATE YOUTH SOCCER LEAGUE Spring 23

Season Dates: August 29 – October 15

Training Location: Midstate Soccer Complex, 1 Educational Drive

K–8<sup>th</sup> Early Registration (Jan.2 – Feb.3): \$80 (\$73 w/ resident discount)

K–8<sup>th</sup> Regular Registration (July 9 – August 8): \$95 (\$86 w/ resident discount)

High School Early Registration (June 14 – July 8): \$55 (\$48 w/ resident discount)

High School Regular Registration (July 9 – August 8): \$70 (\$61 w/ resident discount)

## PRACTICE INFORMATION

- Each age group will practice once a week at the same time every week
- Training for 2<sup>nd</sup> – HS will include 40 minutes of activities and a 20-minute scrimmage
- Training for K - 1<sup>st</sup> grade will include 30 minutes of activities and a 15-minute scrimmage
- Teams will complete 2 full training sessions prior to their first game
- Training and game schedules will be posted to the MYSL TeamApp

**Questions?  
Call Artur  
217-619-8052**

## GAME INFORMATION

Teams will play one game each week that will be officiated by one referee

K – 1 <sup>st</sup>	3v3 (size 3 soccer ball)
2 <sup>nd</sup> – 3 <sup>rd</sup>	5v5 (size 4 soccer ball)
4 <sup>th</sup> – 5 <sup>th</sup>	6v6 (size 4 soccer ball)
6 <sup>th</sup> – 8 <sup>th</sup>	6v6 (size 5 soccer ball)
High School	5v5 (size 5 soccer ball)

Participant's Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_  Male  Female School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Amount Due: \_\_\_\_\_ Payment Method:  Cash  Check  Credit Card

Card Holder Name: \_\_\_\_\_  Visa  Mastercard  Discover  
AMEX

Card #: \_\_\_\_\_ Exp: \_\_\_\_\_ CVV#: \_\_\_\_\_

Signature: \_\_\_\_\_

Uniform Size:  YXS  YS  YM  YL  AS  AM  AL **Special Friend Request?**

Interested in becoming a team facilitator for your child's K/1<sup>st</sup> or 2<sup>nd</sup>/3<sup>rd</sup> grade team?  YES  NO

**Preferred practice day: (please check all that are possible)**

	<b>Monday</b>	<b>Tuesday</b>	<b>Thursday</b>
<b>K – 1<sup>st</sup></b>	<input type="checkbox"/> 5:30 pm	<input type="checkbox"/> 5:30 pm	<input type="checkbox"/> 5:30pm
<b>2<sup>nd</sup> – 3<sup>rd</sup></b>	<input type="checkbox"/> 6:15 pm	<input type="checkbox"/> 6:15 pm	<input type="checkbox"/> 6:15 pm
<b>4<sup>th</sup> – 5<sup>th</sup></b>	<input type="checkbox"/> 7:15 pm	<input type="checkbox"/> 7:15 pm	<input type="checkbox"/> 7:15 pm
<b>6<sup>th</sup> – 8<sup>th</sup></b>	<input type="checkbox"/> 7:15 pm	<input type="checkbox"/> 7:15 pm	<input type="checkbox"/> 7:15 pm
<b>High School</b>	Not Available	Not Available	<input type="checkbox"/> 7:15 pm

**Waiver/Release of All Claims Assumption of Risk**

Please read this form carefully and be aware that in signing up and participating in this program, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program(s) (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program(s) against the Decatur Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as "Decatur Park District").

I do hereby fully release and forever discharge the Decatur Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity. I have read and fully understand the waiver and release of all claims and assumption of risk. If registering online or via fax, my online or fax signature shall substitute for and have the same legal effect as an original form signature.

PHOTO WAIVER: I understand that my child/ward or I may be photographed or videotaped while participating in a Decatur Park

District program. I give permission for photos and videos of my child/ward or me to be used to promote the Park District. Such photos and videos will remain the property of the Decatur Park District.

**Participant's Name (print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

NOTE: The Decatur Park District does not carry medical or accident insurance for its participants. The cost of such insurance would make programs cost prohibitive. We suggest that you look at your own insurance policy to be sure you are adequately covered. The Park District assumes no responsibility for personal injuries or loss of personal property.