

# 2011 Fall Soccer Sign-up

## Grades K-4 \* Girls and Boys.

**Grade K**-We will meet on Wednesday, Sept. 14, at 6:00, Cory Taber Field. This will be a Basic Skills Program and will meet on Saturday mornings.

**Grades 1&2**-We will meet on Tuesday, Sept. 13, at 6:00, Cory Taber Field. This age group will be co-ed and will play in an in-town league on Saturday mornings with some practice during the week.

**Grades 3&4**-We will meet on Monday, Sept. 12, at 6:00, Hewe's Field. This age group will play other local recreation teams. This will be single gender teams.

Each child in all age groups must wear shin guards and mouth guards to all practices and games. Mouth guards, balls, and team t-shirts are included in the fee and will be given out at the first and second practices.

Any parents wishing to help coach grades K, 1 and 2 or grades 3 and 4, please let me know as soon as possible.

Please complete and return the form below with payment (make check payable to the TOWN of PLAINFIELD) to the Recreation Envelope in the Plainfield School **no later than Friday, September 9th.** If you have any questions, feel free to contact Dan Cantlin, 469-3406 or 667-0891. E-mail is [dcantlin@aol.com](mailto:dcantlin@aol.com).

The Recreation Commission has established fees for its various programs. However, it is not intended that fees exclude any child from the program and may be waived upon request.

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### 2011 Plainfield Recreation Fall Soccer Sign-up Form

Child's name \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Person to notify in case of emergency (if you cannot be reached) \_\_\_\_\_

Phone \_\_\_\_\_

Does your child have any medical problems that we should be aware of? List all medical problems:

\_\_\_\_\_  
\_\_\_\_\_

Check one    K-Basic Skills Program\_\_ \$15.00    Grades 1 & 2\_\_ \$20.00    Grades 3 & 4\_\_ \$2000

T-shirt size (check one)    YS\_\_\_\_    YM\_\_\_\_    YL\_\_\_\_    AS\_\_\_\_    AM\_\_\_\_

Can you help coach?    Name: \_\_\_\_\_

Can you help referee?    Name: \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

**Return this form along with payment (check payable to Town of Plainfield) to the Recreation Envelope at the Plainfield School by Friday, Sept. 9th. Due to the short time available to get teams together and to set schedules, it is very important to return this form on time.**