# Fall Soccer 2023

## **General Information**

## Deadline to register is August 1<sup>st</sup>, 2023

<u>Cost:</u> \$45.00 per player for a NB resident and \$115.00 for resident

families of 3 or more. \$55.00 per player for a non-resident.

**SEASON:** Games are scheduled to start Sept. 16<sup>th</sup>, last game on Oct. 21<sup>st</sup>

**SKILLS & DRILLS** 

CLINIC: Day/Time TBD

**PRACTICES:** 1x a week- The night/time depends on the coach and what they

decide. You should hear from a coach the last week of August.

\*\*Do not panic if you drive by the Community Center and see soccer practices, it might the local travel team or another one of our teams.

**GAMES:** Saturday mornings between 9am - 12pm. Schedules will be passed

out by the coach at your first practice.

**JERSEYS:** Your child will receive a jersey on the first game of the season!

**PICTURE DAY:** We will have more information on that soon!

**NEEDS:** All ages need cleats and shin guards!

### **LEAGUES:**

<u>Micro Leagues</u>: Pre-K, Kindergarten and any newer 1st graders <u>Minor Leagues</u>: 2nd and 3rd graders. Also, 1st graders who have played at least a year <u>Major Leagues</u>: 4th, 5th, 6th graders. Also, potentially some 3rd graders.

\*\*Moving your child up in a league needs to be requested by a parent!

Also, needs to be done <u>before</u> jerseys are ordered.

#### PARENTS- IMPORTANT INFORMATION ABOUT MOVING UP A LEAGUE

For Parents wanting to move your child up a league (i.e. 1<sup>st</sup> grade or 3<sup>rd</sup> grader) discuss with the Rec. Director when you register. The Rec. Director will speak with last years coach and make the final determination and let you know the outcome of the request.

## WE NEED YOUR HELP!



Our season can't operate without willing volunteers to help coach! Please help us out by coaching or assistant coaching. If there aren't enough coaches, the teams will be larger and a lot of kids just sitting, not enjoying the Sport they like to play! You don't have to be an experienced Soccer Coach, even just a parent willing to help! Thank you!!

Please don't hesitate to volunteer to coach! You don't have to be in the coaches' hall of fame to help coach any of our teams. Your job, in most situations, is to make sure every child has equal playing time and to insure that the kids are having fun... so please consider volunteering.

No changes will be made to any of the team rosters after jerseys have been ordered. (approx. early August). Changes are the Rec. Directors decision only!

## WEBSITE AND FACEBOOK POSTINGS

We will be placing the team rosters, schedules and possibly pictures of your child(ren) on the town website/Facebook.

If you DO NOT want that info published, please fill out the required section of the registration form.

For more info or questions please contact North Berwick Parks and Recreation at 676-3206 or email nbrec@maine.rr.com

Hope you have a great season with us!

# **2023 SOCCER REGISTRATION FORM**

AGES: Pre-K (4 years old by September 1st) – 6 grade

Residents: \$45.00 per player or \$115.00 for a family of 3 or more Non-Residents: \$55.00 per player

**Leagues:** Micro: Pre-K, K and 1st Grade Minor: 2nd and 3rd Grade Majors: 4th, 5th and 6th Grade

\*\*IF you would like your child to be moved up to the next league, you must request it now.

Decisions will be final. No changes will be made to any team after August 1st, 2023

### **General Information:**

Players Name:		Home #:		
Grade (in the Fall)	SHIRT SIZE: youth	OR adult	CELL #:	
Parent/Guardian Name (s	s)			
E-mail Address:				
Mailing Address		Town:		_Zip:
etc. <b>You get ONE reques</b> very difficult to make 18 t	at your child will get on the sat the sat (either a specific night, speneams with everyone making attest. Thank you in advance for	cific coach, specific at least one reques	friend, with a sibling,	etc.) this year- it is
**Practice Night Preferre	<u>ed:</u> C	R	OR	
OR one other REQUEST:_				_
Medical Information:				
Physician's Name and Pho	one #			
Date of last complete phy	rsical exam			
	on: (To be completed by Pal phone number of a person,	_		nergency.
Name:		(Relation)	Tel #:	
physical condition to par emergency medical treat physician/dentist, under being of the above- name	the above-named child to participate in this activity. I gis ment that may be necessary whatever conditions may be ad child. I understand that the for injury sustained as a resu	ve my consent for . I authorize medic necessary and prud e Town of North Be	my child to receive a ral/dental care prescribed and to preserve the literwick, its employees, a	any first-aid and/or bed by an attending fe, limb and/or well agents, coaches and
Signature of Parent/Guar	dian		Date:	
	lacing rosters, schedules and s name, info or picture(s) place			
Parent:		Date:		
*** Every year we desp	perately need coaches. Wo	ould you please h	elp by coaching a tea	am:
Yes - I will be a Head	Coach	OR Yes - I w	vill help by being an $\imath$	Asst. Coach
If willing to coach, wha	t practice night would you	like:	_ Time of practice:	
Plea	se Do Not Write Below Line	To Be Filled in b	y Registration Person.	
Registration Fee Paid: \$	Cash or Ch	eck #	_Received by:	Date: