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# 2018 AFTER SCHOOL SPORTS PROGRAM 4TH and 5TH GRADE SOCCER



**THIS INTRAMURAL PROGRAM WILL MEET FOR 90 MINUTES, FOLLOWING SCHOOL DISMISSAL,** and will emphasize learning soccer fundamentals, team concepts, sportsmanship, participation, improved health/fitness and fun!

Practices will be held Monday-Thursday (twice per week) **beginning the week of September 17th**, depending on school field & gym availability. Each participant will attend up to six practices, subject to school/coach conflicts and/or weather and play in 1 game against another school. Registered participants will be **E-mailed** a practice schedule of playing dates prior to the start of the program. Please note, e-mails may be sent to your spam folder. If you do not receive a practice schedule by 3 p.m. on Wednesday, September 12th, please email [smahrenh@cityofdubuque.org](mailto:smahrenh@cityofdubuque.org).

**Registration deadline is Monday, September 10th.** Registrations are accepted on a first-come, first-served basis or until each school's maximum is reached. Registrations received after September 10th will be considered late and will be accepted only if space is available.

**REGISTER**

by mailing, faxing (589-4391), registering online ([www.cityofdubuque.org/recreation](http://www.cityofdubuque.org/recreation)), or dropping form off in person to: **Leisure Services Department**, 2200 Bunker Hill Road, Dubuque, IA 52001-3010. **Make \$20.00 checks payable to the Leisure Services Department.**  
Leisure Services Office Phone: 563-589-4263.  
Hours 9:00 a.m. to 6:00 p.m. at 2200 Bunker Hill Rd

If you are interested in volunteering, or coaching, please contact Stacy at [smahrenh@cityofdubuque.org](mailto:smahrenh@cityofdubuque.org)



Please cut here and return the bottom portion only.

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PARENT'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT EMAIL ADDRESS (REQUIRED): \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ MALE: \_\_\_ FEMALE: \_\_\_ BIRTH DATE: \_\_\_\_\_

GRADE: \_\_\_\_\_ SCHOOL WHERE SOCCER PROGRAM IS HELD: \_\_\_\_\_

SCHOOL CHILD ATTENDS, IF DIFFERENT FROM ABOVE: \_\_\_\_\_

END OF PRACTICE ARRANGEMENTS: \_\_\_ WALK \_\_\_ PARENT PICK UP \_\_\_ Y-CARE \_\_\_ OTHER

PARENT'S SIGNATURE: \_\_\_\_\_

**FEE: \$20.00**

**With your signature**, you are giving your child permission to participate in this activity, and agree that the school district and Leisure Services Department and their employees are not responsible for injuries or accidents, which may occur while participating.


**COMPLETE IF PAYING BY CREDIT CARD**


Credit Card Number

Today's Date \_\_\_\_\_

Credit Card Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_





\_\_\_ Cash

\_\_\_ Check  
(# \_\_\_\_\_)