

**LITTLE TYKE INDOOR SOCCER**  
**Southern Pines Recreation & Parks Department**  
 Co-Sponsored by Sandhills Celtic Soccer League



**Who:** Boys & Girls – Ages 4 & 5 – Age as of August 1, 2009

**Registration Dates:** Open until September 3, 2009

**Where:** Games & Practices held at Southern Pines Recreation Center

**Games & Practices:** Mondays, Wednesdays and Thursdays

**To Register:** Come to Recreation Office, upstairs in Campbell House or mail to Southern Pines Recreation Office, 482 E. Connecticut Avenue, Southern Pines, NC 28387

**Fee:** Residents of Southern Pines \$10.00  
 Non-Residents \$25.00  
 \* No Southern Pines resident youth will be denied participation due to financial hardship.  
 \* All participants must live or go to school in Moore County.  
 \* **All participants must provide their own shin guards**

**Insurance:** Optional participant insurance is available at low additional cost.

**Any Questions: Call Jordan Phillips 692-2463 or Email [Phillips@southernpines.net](mailto:Phillips@southernpines.net)**

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**LITTLE TYKE INDOOR SOCCER REGISTRATION FORM**  
**COMPLETE AND RETURN to Southern Pines Recreation & Parks Department**  
**482 E. Connecticut Avenue, Southern Pines, NC 28387**

**Participant Name:** \_\_\_\_\_ **2008 Team (if played):** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Telephone No.** \_\_\_\_\_ **Work Telephone No.** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **Age on August 1, 2009** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight** \_\_\_\_\_ **lbs.** **Email:** \_\_\_\_\_ @ \_\_\_\_\_

**Waiver – Please read!** I agree to allow my child to participate in the activity named above offered by the Southern Pines Recreation & Parks Department. I understand that my child shall abide by all department rules as a condition of participation. I am aware that the activity may cause accident or injury as a direct or indirect result of participation in the activity. I further agree to release the Southern Pines Recreation & Parks Department, its employees, agents and volunteers from any responsibility should an accident happen.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/08

**COACHES NEEDED!!!!**

**PLEASE INDICATE IF YOU WOULD BE INTERESTED IN COACHING** Yes \_\_\_\_\_ No \_\_\_\_\_

**Coaches Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Email address for contact:** \_\_\_\_\_ @ \_\_\_\_\_