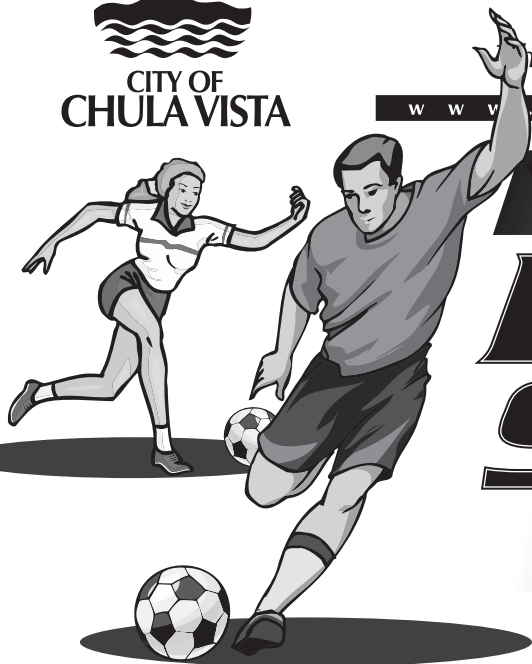




Online Registration
RECREATION DEPARTMENT

Be the Heart of the Neighborhood

www.chulavistaca.gov/rec



YOUTH COED INDOOR SOCCER LEAGUE

2010

GENERAL INFORMATION

The Youth Athletics section Youth Indoor Soccer League is Recreation Center based. Games will be played on a West (Otay) and East (Monteville & Salt Creek) basis. Each center will be responsible for effectively operating a self-sufficient league. For example, Monteville will have Monteville teams and Parkway will have Parkway teams, etc. For consistency and fairness, children participating in the league sign-up according to their home address zip code. Veterans Park is actually in the 91911 zip code, so children whose home school is Parkview, Greg Rogers, or Hedenkamp Elementary Schools will play at Veterans.

The zip code breakdown is as follows:

West Section

Otay – 91911, 91932 (Imperial Beach), & 92154 (South San Diego)
Parkway – 91910, 91950 (National City), 92139 (San Diego)

East Section

Monteville – 91914 & 91902 (Bonita)
Salt Creek – 91915
Veterans – 91913, Parkview, Greg Rogers, & Hedenkamp Schools

The teams in the west section will play each other during the regular season as will the east section teams; whenever possible. Games will be played at the different centers within their section.

Request for children to be placed on the same team for car pool reasons and requests for specific coaches and practice days cannot be honored.

Limited financial aid is available for qualified applicants. Request forms are available at ALL centers. Applications will be accepted through March 1, 2010.

REGISTRATION INFORMATION

February 8 - March 5 (on a space available basis)

Space is limited, so register as soon as possible. Once the league is filled, a waiting list may be established to fill vacant spots on established teams. Make checks payable to "City of Chula Vista."

Walk-In Registration

Generally, recreation centers accept walk-in registration 3-7pm, Monday - Friday and 12-3:30pm Saturdays. It is recommended to call ahead to confirm hours of operation.

West Section

Otay: 3554 Main St · (619) 476-5325

Parkway: 373 Park Wy · (619) 691-5083

East Section

Monteville: 840 Duncan Ranch Rd · (619) 691-5269

Salt Creek: 2710 Otay Lakes Rd · (619) 585-5739

Veterans: 785 East Palomar · (619) 691-5260

Mail-In Registration

Registration postmarked before February 8 will NOT be accepted, and will be returned by mail. Mail-in registration to:

Recreation Department
ATTN: Steve Scott / Youth Indoor Soccer
276 Fourth Avenue, MS R-109
Chula Vista, CA 91910

Online Registration

www.chulavistaca.gov/rec

Please note, a nominal, non-refundable "convenience fee" is charged in addition to the participant fee for the online service provided by an online registration vendor.

Incomplete registrations (no birth certificate, no authorized signature, etc.) will NOT be processed until the individual clarifies the incomplete information. Individuals who do not complete the information within ten working days will be dropped from the program. Registration with no fee will be returned.

There are NO REFUNDS for this activity. NO EXCEPTIONS!

The Chula Vista Elementary School District neither sponsors nor endorses this information, activity, or organization. Distribution of this material is provided by the district as a community service. Any questions should be directed to Steve Scott, Recreation Supervisor, (619) 585-5739 or 2710 Otay Lakes Rd, Chula Vista, CA 91915.



YOUTH COED

INDOOR SOCCER

LEAGUE REGISTRATION FORM



CITY OF CHULA VISTA

RECREATION DEPARTMENT

AGE DIVISIONS

- A Born 1995 - 1997 COED
- B Born 1998 - 1999 COED
- C Born 2000 - 2001 COED
- D Born 2002 - 2003 COED

PLAYER EVALUATIONS

All players must attend the player evaluations. Each center will be conducting their own player evaluations and draft. Exact days/dates/times will be listed on your registration receipt when you register.

PRACTICE DAYS/TIMES

Practices will begin the week of March 8 and will be held one to two times per week (Monday - Friday 4-8pm.) Schedule depends on the availability of the volunteer coaches.

FOR MORE INFORMATION- PLEASE CALL

West Section:
 Parkway – Frank Carson – 691-5083
 Otay – James Northum – 476-5325
East Section:
 Monteville – Shaun Ellis – 691-5269
 Salt Creek – Steve Scott – 585-5739
 Veterans – Lisa Petty – 691-5260

GAME DATES

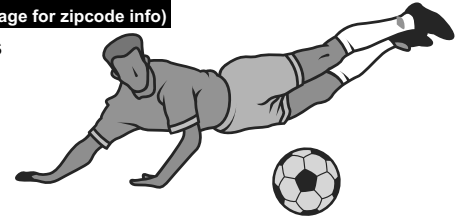
First Game: March 20
 Last Game: May 22
 Play-offs Begin: June 4 (except D Division)
 Championship Games: June 5

FEES

Registration is open to the inexperienced as well as the experienced player.
 1st child: \$50 Resident / \$63 Non-Resident
 2nd child or more: \$40 Resident / \$50 Non-Resident

Circle Corresponding Activity Number for Zip Code Assigned Recreation Center (see previous page for zipcode info)

	Otay	Parkway	Monteville	Salt Creek	Veterans
A Division	8340.241	8340.261	8340.251	8340.231	8340.211
B Division	8140.241	8140.261	8140.251	8140.231	8140.211
C Division	8143.241	8143.261	8143.251	8143.231	8143.211
D Division	8145.241	8145.261	8145.251	8145.231	8145.211



PARTICIPANT NAME		School		Male / Female	
Parent's Name		Home Phone:		Work Phone:	
ADDRESS		CITY		STATE ZIP	
Emergency Contact Name:			Emergency Contact Phone:		
Child's Date of Birth: / /		Child's Height:		Child's Weight: Fee Enclosed \$	
Email Address:					
Parent/Guardian: Are you interested in managing a team? YES NO				Your Name:	

Does the participant require special accommodations for a successful experience? Yes ___ No ___

ACCIDENT WAIVER & RELEASE OF LIABILITY (AWRL)



Persons with special needs are encouraged to participate in all programs. For assistance, please contact Carmel Wilson at 409-5800 two weeks in advance of the program.

READ, SIGN & DATE BELOW: (Unsigned waivers will cause your registration to be returned unprocessed.)

IMPORTANT: A copy of each child's proof of age must be mailed with registration. If a copy has been submitted in the past, there is no need to send another.

I _____ (REGISTRANT), and I _____ *(REGISTRANT'S parent or guardian),

acknowledge that this activity may be an extreme test of REGISTRANT's physical and mental limits and that it could result in death, injury and property loss. Risks may derive from terrain, facilities, water conditions, weather, condition of equipment, vehicular traffic, actions of others, lack of hydration, as well as other sources. I hereby assume all risks of REGISTRANT's involvement in this activity. I certify that REGISTRANT is physically fit, has sufficiently trained for participation in this activity and has not been advised otherwise by a qualified medical person. I acknowledge that this AWRL form will be used by The City of Chula Vista and the activity holders, sponsors and organizers, in which REGISTRANT may participate and that it will govern REGISTRANT's actions and responsibilities at said activities. In consideration of REGISTRANT being permitted to participate in this activity, and on behalf of myself, my executors, administrators, heirs, successors and assigns, I hereby (A) WAIVE, RELEASE AND DISCHARGE FROM LIABILITY The City of Chula Vista and its directors, officers, employees, volunteers, representatives and agents, and the activity holders, sponsors, directors and volunteers, for the death, injury or property loss or damage of REGISTRANT or actions of any kind which may accrue to me as a result of REGISTRANT's participation in this activity; and (B) agree to INDEMNIFY AND HOLD HARMLESS the above-mentioned entities or persons from any and all liabilities or claims made by other individuals or entities as a result of any of REGISTRANT's actions during this activity except for those claims arising from the sole negligent or willful conduct of The City of Chula Vista or its agents. I hereby consent to the administering of medical treatment to REGISTRANT if deemed advisable in the event of injury, accident and/or illness during this activity. I understand that at this activity or related activities, REGISTRANT may be photographed. I agree to allow REGISTRANT's photo, video or film likeness to be used for any legitimate purpose by the event holders, sponsors, directors and their agents or assigns. This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document and understand its content. I further certify that I am the parent or guardian of the above-named participant and that I will hold each of the above-named individuals and entities harmless and indemnify each in the event of any loss whatsoever due to a defect in my legal capacity.

REGISTRANT's OR Parent/Guardian's Signature* _____ Date _____

*If the participant is under 18 years of age or legally incapacitated, the parent or guardian must also sign.

OFFICE USE ONLY: Amount enclosed: \$ _____ Check/Money Order # _____ Bank # _____ City Receipt _____