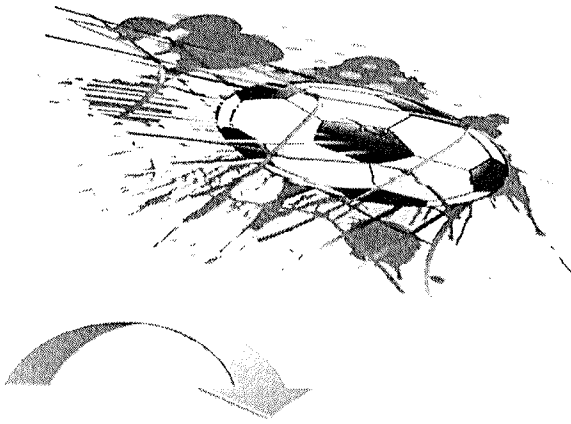


REGISTRATION ENDS 02/14/25



Ava Spring SOCCER 2025

The cost is \$25 per child with a \$65 family cap.
417-683-7275

Return this form and registration fee to:
Ava City Utilities at 404 S. Jefferson
Office hours are Monday-Friday 8 a.m. to 5 p.m.

There is also a drop box for your convenience.

PLEASE PROVIDE PAYMENT WHEN REGISTERING YOUR CHILD

REGISTER BY 02/14/2025
COACHES CALL BY 03/09/2025
GAMES START 03/22/2025

Child's Name: _____

Male/Female: _____ Age: _____ Date of Birth: _____ / _____ / _____

PLEASE CIRCLE: U4 (3-4 yr olds) U6 (5-6 yr olds) U8 (7-8 yr olds) U10 (9-10 yr olds) U14 (11-14 yr olds)

Grade: _____

Known Allergies or Medical: _____

Is there a coach your child can not have: _____

No request for specific coach/player/team assignment will be guaranteed.

Adult Contact Name: _____ # to call _____

Home Phone: _____ Cell Phone: _____

Emergency Contact (other than parent): _____ Phone: _____

Circle Player Shirt Size
YOUTH:
XS (2-4) SM (6-8)
MED (10-12) LG (14-16)
ADULT: SM MED LG XL 2XL
Any parent wanting a team shirt will need to contact ProDesign. Parents team shirt order by 02/24/2025.

PLEASE NOTE

1. Children may not move up to a different age division for any reason.
2. Requests to play with a specific coach, player or team will not be guaranteed. The only exceptions will be if the child of a coach and siblings in the same age bracket will be placed on the same team. You must write the names of the siblings on the registration form.
3. Once the teams have been formed, we will not move a player to a different team.
4. Absolutely no refunds will be issued, unless, a doctor's statement of medical illness is provided.

Volunteers?

I WILL VOLUNTEER TO BE A (PLEASE CIRCLE):

COACH Shirt Size _____

\$50 BUSINESS SPONSORSHIPS

IMPORTANT MEDICAL AND LIABILITY RELEASE - MUST BE SIGNED

As additional consideration for the child listed below being allowed to participate in City of Ava Youth Soccer Leagues, I, _____, as parent/legal guardian of this child, expressly agree that the City of Ava, its officials and employees shall not be liable for any damages arising from personal injuries sustained by the child listed below on, or about the premises, or as a result of the child using the facilities or equipment located upon said premises. I assume full responsibility for any such injuries or damages that may occur to the child listed below in, on, or about the premises and further agree that the City of Ava, its official and employees, shall not be liable for loss or theft of personal property. I also specifically agree that the City of Ava, its official and employees shall not be responsible for such injuries, damages, loss or theft even in the event of negligence by the City of Ava, its officials or employees, whether such negligence is present at the signing of this instrument or takes place in the future. This waiver does not, however, apply to gross negligence or intentional torts by the City of Ava, its official or employees. I have read and agree to the following enrollment policies as stated above.

Child's Name: _____

Parent/Legal Guardian Signature: _____

Printed Name: Date: _____