



Youth Soccer

Pre-K - 5th Grade

Information

Lexington Park District is honored to partner with El Paso Parks and Recreation to offer Co-Ed Youth Soccer beginning 2016. Open to Pre-K through Elementary aged boys and girls. Levels are Pre-K - Kindergarten (must be 4 before registration deadline), 1st - 2nd, and 3rd - 5th.

Soccer practices are determined by the coaches at each level. Practice will be held in Lexington Parks August - October. Games are in El Paso at South Pointe Park on Saturday mornings September-October with the exception of El Paso's Corn Festival. Games will be played on Sunday that weekend.

The focus of the youth soccer program is for every player to play during a game. This particular league is a participation league. Players will have equal amount of playing time regardless of their ability during the regular season. Coaches are instructed to teach the young soccer players how to throw-in, offense/defense, goals and learn the rules in order to facilitate their progression in the sport.

Participation is open to youth within the Lexington Park District

Registration Information:

Registration Fee is **\$30.00** payable to **Lexington Park District**.
(includes participation fee and t-shirt)

For scheduling purposes, registration and payment deadline is August 1st.

Forms can dropped off at the Lexington City Hall or mailed to:

Lexington Park District
PO Box 64
Lexington, IL 61753

If you have questions or wish to apply for a scholarship please contact:

Kecia Holiday
keciajholiday@gmail.com
309-830-1605

Payment and forms must be received no later than August 1st

Player Information:

Name _____

Birth Date _____ 2017-18 Grade _____

Shirt size (circle one) Youth size: YS YM YL YXL Adult Size: S M L XL

Parent Information:

Parent(s) Name _____

Address _____ City _____ State _____

Phone Number _____ Cell _____

Email _____

Interested in coaching (circle one): Yes No

Parent coaches are essential to the success of our sports programs! Please help us make this fall fun and rewarding by helping your child's team.

Consent of Parent or Guardian

I/We, the undersigned parent or legal guardian, do hereby verify the information in this registration form and consent to the participation of my/our child in this activity. I/We understand that neither the Lexington Park District nor any of its commissioners, officers, program directors, sponsors nor employees assume responsibility for any injury or damage to person or property resulting from an incident occurring during conduct of the Lexington Park District program including games, meets, practices, clinics and other related activities and events. In case of emergency, I/we hereby consent to medical treatment for my/our child and authorize any member of Lexington Park District to sign necessary papers and documents authorizing hospitals and physicians to proceed to render medical care.

I/We prefer _____ Hospital.

Child's Physician _____ Phone: (____) _____

_____ Parent/Guardian Signature Date

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or mailed to Park District at PO Box 64, Lexington, IL 61753.*