

PLAY INDOOR SOCCER AT DUPAGE COUNTY'S NEWEST, BIGGEST INDOOR TURF FACILITY!







GLEN ELLYN PARK DISTRICT

185 Spring Avenue • Glen Ellyn, IL 60137 • 630-858-2462 • support@gepark.org • www.gepark.org

Reserve your space now!

For additional information, please contact Brenden Berry at 630-858-2462, X148 or bberry@gepark.org.

The new Ackerman Sports and Fitness Center will offer two sessions of indoor soccer for boys, girls and adults this winter. Games will be played on the brand new “field turf” surface. The field is 60 x 40 with no boards (outdoor rules apply). All games will consist of two 20-minute halves. League fees include turf rental, referees, and championship awards. League play will begin the week of January 4, 2010. Registration is open until leagues fill (register early to guarantee your spot).

SESSION I: 8 weeks of play (\$1,000 per team) SESSION II: 6 weeks of play (\$700 per team)						
Boys: 8-14						
	Session I	Session II	Age	Players	Day	Time
	3907-0	3908-4	U8 & U9	7	SU	12 pm-5 pm
	3907-1	3908-5	U10	7	SA	8 am-12:30 pm
	3907-2	3908-6	U11	7	SA	12:30 pm-5 pm
	3907-3	3908-7	U12	7	F	5 pm-10 pm
	3907-4	3908-8	U13	7	TH	5 pm-10 pm
	3907-5	3908-9	U14	7	SA	5pm-10pm
Girls: 8-14						
	Session I	Session II	Age	Players	Day	Time
	3907-6	3909-0	U8 & U9	7	SU	12 pm-5 pm
	3907-7	3909-1	U10	7	SA	8 am-12:30 pm
	3907-8	3909-2	U11	7	SA	12:30 pm-5 pm
	3907-9	3909-3	U12	7	F	5 pm-10 pm
	3908-0	3909-4	U13	7	TH	5 pm-10 pm
	3908-1	3909-5	U14	7	SA	5pm-10 pm
Mens: 18+						
	Session I	Session II	Skill Level	Players	Day	Time
	3908-2	3909-6	Intermediate	6	M	8:30 pm-11 pm
	3908-3	3909-7	Competitive	6	TU	8:30 pm-11 pm



TEAM INFORMATION FORM

Team Name: _____ Coach: _____ Home Address: _____ City/Zip: _____ Asst Coach: _____ Home Address: _____ City/Zip: _____	Team Color: _____ Home Phone: _____ Cell Phone: _____ E-mail Address: _____ Home Phone: _____ Cell Phone: _____ E-mail Address: _____
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Please indicate your team status with an "X."

Returning Team: _____ New Team _____

Indoor Soccer League

Code: _____ **Fee:** Session I- \$1000 Session II- \$700

A \$200 non-refundable deposit is required to guarantee placement in the league if not paying in full. Remaining balance must be paid in full prior to 2 weeks before the start of the season or team will not be placed on the league schedule.

Teams will be accepted on a first-come, first-served basis.

Drop-off to: Glen Ellyn Park District, 185 Spring Avenue, Glen Ellyn, IL 60137

If you have any questions, please call the Recreation Supervisor at 630-858-2462 x 148.

Method of Payment:																	
Deposit: _____	Date Paid: _____																
Balance: _____	Date Paid: _____																
Circle One:	CASH CHECK VISA MASTERCARD DISCOVER																
Account Number:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>																
Card Expiration: _____	Authorized Signature: _____																

Glen Ellyn Park District - Roster

Team Name: _____
 Coach: _____
 Address: _____

 Phone (H): _____
 (Cell): _____

League: _____
 Asst Coach: _____
 Address: _____

 Phone (H): _____
 (Cell): _____

Please read this form carefully and be aware that in signing this roster, you will be waiving and releasing all claims that you may sustain arising out of the above program.

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program and I agree to assume the full risk of any such injuries, damages or loss regardless of severity, which I may sustain as a result of participating in any activities connected or associated with any such program. I waive and relinquish all claims I may have against the Glen Ellyn Park District and its officers, agents, servants and employees as a result in participating in the above program. I hereby fully release and discharge the Glen Ellyn Park District and its agents, officers, servants and employees from any and all claims from injuries, damages or loss which I may have or which may accrue me on account of my participation in the above program. I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me, and arising out, connected with, or in any way associated with the activity of any program(s). I understand that I may be photographed or videotaped while participating in the above program. I give permission for photos and videotape of me to be used to promote the Park District and that such photos and video will be the property of the Glen Ellyn Park District.

I have read and fully understand the above waiver and release of all claims. Before registration in this program is valid, this Waiver and Release of All Claims must be signed by all team participants.

	NAME	ADDRESS	CITY	ZIP	PHONE	SIGNATURE
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____	_____
16.	_____	_____	_____	_____	_____	_____

All players with a Glen Ellyn address must submit a copy of their Driver's License or a picture I.D. with their current address to prove residency within Park District boundaries.