



Idaho Indoor Soccer Center's

Spring KICKERS CSL (Community School League)

Avoid the weather and play INDOOR soccer!

Online Registration now available! Visit iscindoor.com.

Games Start After Easter Weekend



General Information:

- 7 weeks – 7 games
- Ages/Groups: 4yr olds - 10th graders
- COED teams
- **Cost: \$65**
- **Includes:** T-shirt & Ref fees
- Games: Sat-Sun anytime between 7:30AM-6:00PM (We do our very best to schedule as many Saturdays as possible)
- Some games may be played Mon-Fri between 4:50pm-6:30pm (though unlikely).
- As we are a volunteer program, we cannot require the volunteer coaches to hold practices. However, we do provide practice opportunities at no additional charge. Practices are based on the volunteer coaches' schedule and field availability.

Spring 1 Kickers League:

*Registration Deadline:
April 12th, 2019 or until
registration is full*

*Start Date:
April 27th, 2019*

Idaho Soccer Center

1251 E. Piper Ct.
Meridian, ID 83642
Phone: (208)888-7529
Fax: (208)288-1798
www.iscindoor.com

All games played at above location.

Please mail, fax, or drop off your registration to the address above (If faxed, please call us with credit card information before the deadline).

Additional Information:

1. Please send all registration forms to Idaho Soccer Center or register online at iscindoor.com. Please direct all questions to Idaho Soccer Center (208) 888-7529 or iscindoor@live.com
2. If you would like to request a specific coach or player to play with, please indicate in the request section of the form. No requests are guaranteed.
3. Coaches will be on the field during the games to provide hands-on game instruction!
4. We are a volunteer-based program (which is how we keep the cost low). **So, volunteer coaches are greatly appreciated!**

PLAYER INFORMATION

PLAYER NAME: _____ **AGE:** _____ **GENDER:** M / F

SCHOOL _____ **REQUESTS:** _____

T-SHIRT SIZE: YS YM YL AS AM AL **GRADE:** PK/K 1st/2nd 3rd/4th 5th/6th 7th/8th 9th/10th
(Please Circle One) (Please Circle One)

PARENT INFORMATION

PARENT NAME: _____

ADDRESS / CITY: _____

PHONE #: _____

E-MAIL: _____ ***VOLUNTEER COACH: YES / NO (T-SHIRT SIZE)** _____

*****Volunteering to coach does not guarantee that you will be assigned to a team; coaches will be assigned when teams are made after the registration deadline*****

The Idaho Soccer Center does not provide medical insurance for participation in this program. The parent/guardian will assume responsibility for all medical care resulting from injuries by their child due to participation in this program, as there are natural risks involved in athletic events such as this. By signing this registration the parent/guardian gives permission for their children to participate in the indoor soccer league. In addition, by signing this waiver you give consent to Idaho Soccer Center to make, use, and/or retain images of you, your child, or an individual for whom you have authorized decision-making responsibilities. The Idaho Soccer Center may reproduce the images in any form, in whole or in part, and distribute by any medium including multimedia.

PRINT NAME: _____ **DATE:** _____

PARENT/GUARDIAN SIGNATURE: _____