



Springside Soccer Team Application



Springside Soccer
215 Springside Dr.
Akron, Oh 44333
(330) 666-3160

2009/2010 Sessions

Division/Age Group _____ Team Name _____

Team Manager/Coach _____ Team Color _____

Address _____ City _____ Zip _____

Phone(H/W) _____ Email _____

Cell _____ Deposit Enclosed \$ _____

Registration Information

Session 1

Starting Date: Thursday, Oct 22nd, 2009

Registration Deadline: Saturday, October 3rd, 2009

Guaranteed Games Per Team: **Eleven (11) Game Session**

Team Fees: **\$760 per team if paid by registration deadline**, \$850 after deadline

Session 2

Starting Date: January 18th, 2010

Registration Deadline: Saturday, December 26th, 2010

Guaranteed Games Per Team: **Eleven (11) Game Session**

Team Fees: **\$760 per team if paid by registration deadline**, \$850 after deadline.

Session 1 teams have priority in registering for Session 2 until Saturday, Dec 19th, 2009. After this date Springside Soccer accepts teams on first come first served basis.

Payment Form

_____ Cash _____ Check# _____ Visa/MC _____ Exp _____

**Deposit: \$400 to guarantee entry (non-refundable), full balances due by 2nd game. No exceptions.

**Referee fee is \$11 per game/per team paid before the game. The registration fee does not include the referee fee.

**Schedule will reflect tentative schedule on back of this form as closely as possible.

**No Shows will forfeit the game. There will be no make up games.

**Playing time consists of two 25 minute running times halves.

**A player can only play for one team in the same division.

Please review the Springside Soccer Rules prior to registration at www.springsidesoccer.com

Please submit entire form. Thank you.

Tentative Schedule

Time	Monday	Tuesday	Wednes	Thursday	Friday	Saturday	Sunday
8:00 AM						U8	Practice
9:00 AM						U8	OM
10:00 AM						U8	OM
11:00 AM						9/10G	OM
12:00 PM						9/10G	13/14B
1:00 PM						9/10G	13/14B
2:00 PM						9/10B	13/14B
3:00 PM						9/10B	HSG/13/14
4:00 PM	Practice/	Practice/	Practice	Practice	Practice	9/10B	HSG
5:00 PM	Clinic	Clinic	13/14G	HSB	11/12G	9/10B	HSG
6:00 PM	M40	Sr/OW	13/14G	HSB	11/12G	11/12B	HSG
7:00 PM	M40	Sr/OW	13/14G	HSB	11/12/Co	11/12B	HSG
8:00 PM	M40	Sr/OW	OM	RM	Coed	11/12B	HSG
9:00 PM	M40	Sr/OW	OM	RM	Coed	11/12B	Coed
10:00 PM	M40	Sr/OW	OM	RM	Coed		Coed
11:00 PM							

All times are subject to change

Age Group Chart

Age Group	Birth Date	Players
U8 B/G	8-1-01	8 per side
U10 B/G	8-1-99	7 per side
U12 B/G	8-1-97	7 per side
U14 B/G	8-1-95	6 per side
U16 B/G	8-1-93	6 per side
HS B/G	8-1-91	6 per side
Open Men	any	6 per side
M30+	1979 + before	6 per side
M40+	1969 + before	6 per side
W30+	1979 + before	7 per side
Coed Open	any	7 per side

Proof of age must be on file for every division. A copy of driver's license for the adult divisions, players passes or copy of birth certificate for youth divisions and rosters must be submitted with registration. One older player will put your team into next age group.

Accepted and agreed:

Signature of Coach/Team Manager _____ **Date** _____