

# *Indoor Soccer League*

*CO-ED*

*1<sup>st</sup>-2<sup>nd</sup> Grade*



<i>Who:</i>	<i>Youth Grades 1<sup>st</sup>-2<sup>nd</sup></i>
<i>When:</i>	<i>February 17<sup>th</sup>- March 23<sup>rd</sup></i>
<i>Time:</i>	<i>Monday 6-8:30. Each Team will play a 20-minute game every Monday.</i>
<i>Location:</i>	<i>Clarion Elementary Gym.</i>
<i>Cost:</i>	<i>\$15.00</i>
<i>Signup Deadline:</i>	<i>February 9<sup>th</sup></i>

***Please Return to City Hall 121 1<sup>st</sup> St SW***

***Any questions email Scott Simmons @ [ssimmons@clarioniowa.gov](mailto:ssimmons@clarioniowa.gov)***

## **2020 1<sup>st</sup>-2<sup>nd</sup> Grade Co-ED Indoor Soccer League**

Participants Name: ----- Grade:-----

Email Address:-----

Phone Number:----- Would you be interested in coaching? Yes NO

I voluntarily waive claim against Clarion Recreation Department, Commission, City Officials, all employees, and volunteers for all liability, even if caused by negligence of the released party in connection with the program by granting permission for my child to participate.

Parent Signature: -----

Date: -----