Bottineau Park District
Spring 2024 Soccer Program
Anthony Fornes Coordinator

This **Program's Mission** is to grow interest in the sport of soccer by providing a fun and safe recreational soccer experience that develops the potential of the youth of Bottineau. The first night is **April 16th** and final night on **May 23rd**. The first 2 weeks are practices.The next 4 weeks are non-sanctioned game nights. All activities take place in the **Forestry Park Tuesdays 6:30-7:30pm for grades K-1st and grades 2-3rd. Thursdays 6:30-7:30pm are grades 4-6th** and **Thursdays 7:30-8:30pm are grades 7th-9th.**

If you can not afford the **Registration Fee ($20)** please note that on the sheet or contact the coordinator at: 870-448-7000. Colored jerseys(pinnies) are included. Shin guards, cleats and long socks are encouraged. Notifications and updates will be sent via the **Remind:School Communication** app. Make checks payable to Bottineau Park District. Send the **below registration portion** and fee back to school or mail to: Bottineau Park District, 403 7th East Street Bottineau, ND 58318 Attn: Anthony Fornes **Deadline April 5th**

Child's Name: _____ **Current Grade:** _____

Address:_____

Parent or Guardian:_____

(Home):_____**(Cell)**:_____

E-mail address:_____

Does your child have medical concerns **YES** or **NO** (Circle One) **Describe**:

_____

_____

There is a critical need for parents to step up and coach! I will help coach the students **YES** or **NO** (Circle One) No experience or knowledge of soccer is required. The **Coach's Orientation** will be held **April 2nd 7:00-7:30pm** in the **Cedar Point Building** in the **Forestry Park**.

Bottineau Park District Spring 2024 Soccer Program Release of Liability/Acknowledgment of Risk I/We understand that the participation of the sport of soccer constitutes a risk to me/us of serious injury. We voluntarily and knowingly recognize, accept and assume this risk and thereby release the City of Bottineau, Bottineau Park Board, their officers, administrators, coaches and employees from any and all liability therefore. Participant Name:_____ Parent/Guardian Name(print): _____ Parent/Guardian Signature/Date:_____