



City Hall
118 Orchard Street
Morenci, MI 49256
(517) 458-6828

March 14, 2017

Dear Parent / Legal Guardian:

At the March 13, 2017 Morenci City Council meeting, the Morenci City Council approved a Co-ed U12 (ages 11, 10, and 9) and U15 (ages 14, 13, and 12) youth soccer program for children located in the Morenci-area. Enclosed with this letter is a copy of the registration form.

This will be a spring offering by the City of Morenci for children in our area; there will be no fall offering of this program, so that the Morenci Parent Teacher Organization (PTO) may continue to offer its soccer program without competition. The offering of this program could occur for younger age groups in the future if this year's spring program is deemed a success.

The City of Morenci's Co-ed U12 and U15 youth soccer program is a traveling league consisting of other communities. Other communities that will be participating are Blissfield, Dundee, Ida, Onsted, and Tecumseh. Travel to those communities may and will occur for games. It is expected that parent's will transport their children to the away games. All home games and practices for the City of Morenci's Co-ed U12 and U15 youth soccer program will take place at the Morenci Area Schools.

Participation is *\$50.00 per child* and will include a team jersey. Practices are expected to occur twice a week starting the second full week of April. The first game would be on April 29, 2017, with games occurring every Saturday thereafter and concluding with an all day tournament on June 10, 2017. The all day tournament for the U12 division will be in Dundee; while the all day tournament for the U15 division will be in Tecumseh. *Registration forms are due by April 4, 2017, to the City of Morenci at 118 Orchard Street, Morenci, MI 49256.*

The City of Morenci is looking for individuals who may be interested in volunteering to coach. Please contact me at (517) 458 - 6828 or through e-mail at michael.sessions@cityofmorenci.org if you are interested in such.

In closing, please feel free to contact me at the above phone number or e-mail if you have any questions regarding this offering from the City of Morenci.

Sincerely,

Michael S. Sessions
City Administrator / Clerk

www.CityofMorenci.org



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U12 & U15 CO-ED YOUTH SPRING SOCCER PROGRAM REGISTRATION

\$50.00 per participant due by April 4, 2017

*Forms can be returned to the City of Morenci
 at 118 Orchard Street, Morenci, MI 49256
 (Monday thru Thursday, 8:00 a.m. to 6:00 p.m.)*

HOUSEHOLD INFORMATION

Parent/Guardian (if over age 18 then participant name): _____

Phone: _____ How would you prefer to be contacted (circle all that apply): Phone call Text Email

Email: _____ Number for texting: _____

Address: _____ City: _____ Zip: _____

Emergency Contact: _____ Contact Phone: _____

Participant's Name	Gender	Date of Birth	Age	Activity Title (Either U12 or U15 Co-ed Youth Spring Soccer) (U12: 11, 10, & 9 years old) (U15: 14, 13, & 12 years old)	# Seasons Played	COST
	M F					
	M F					
	M F					
	M F					

TOTAL PAYMENT \$ _____

Payor (if not parent/guardian) _____ Phone _____

Are there any medications, limitations, concerns, or special needs that you would like coaches to know? (Please specify per child)

Acknowledge of Warning and Assumption of Personal Responsibility for Injury:

I hereby acknowledge that I have been properly advised, cautioned, and warned by the City of Morenci that by participating in the activity named above, I may be exposed to the risk of injury, including but not limited to, the risk of sprains, fractures, ligaments of cartilage damage which could result in the temporary or permanent, partial or complete, impairment in the use of his/her limbs; brain damage; paralysis or even death. Notwithstanding such warnings and with full knowledge and understanding of the risk of serious injury to myself, which may result, I give my consent to participate in the City of Morenci. I realize that there is no Benefit Fund and I will assume personal responsibility in the case of injury resulting from participation in this activity. Moreover, I realize the City of Morenci does not necessarily guarantee the presence of trained medical personnel on site at every activity.

Guardian/Participant's Signature _____ Date _____

REFUND POLICY: Refunds will not be granted after the second practice of the season. Unless the program is cancelled by the City of Morenci, there will be a \$25.00 administrative charge assessed for all refunds; in addition, the costs of uniforms, t-shirts, and equipment are non-refundable.

OFFICE USE ONLY

Cash Check # _____ VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Received by _____ Date _____