

## ROCKET SOCCER

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address: Street \_\_\_\_\_

Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone Numbers: Home \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Shirt Size: (Please circle)

Youth sizes 6-8 10-12 14-16

Adult Sizes Small Medium Large Extra Large

I give my permission for my son/daughter to participate in the Rocket Soccer program administered by the Tolono Park District.

I understand that there will be no liability to the Rocket Soccer Program and Tolono Park District and that my son/daughter is covered by my insurance policy.

Signed by: \_\_\_\_\_ Dated: \_\_\_\_\_  
Parent or Legal Guardian

### Rocket Soccer Fee Schedule

Please make the check out to: Tolono Park District

Kindergarten \$35

1<sup>st</sup> & 2<sup>nd</sup> Grade \$45

3<sup>rd</sup> & 4<sup>th</sup> Grade \$45

5<sup>th</sup> & 6<sup>th</sup> Grade \$55

7<sup>th</sup> & 8<sup>th</sup> Grade \$55

Address – Rocket Soccer, Tolono Park District PO Box 228 Tolono, IL