

2016 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

Note: Please add \$30 to the total if you live outside of the Tolono Park District area. This is an annual 'Out of area' fee and is one fee per family only.

Kindergarten \$30

1st & 2nd Grade \$45

3rd & 4th Grade \$50

5th & 6th Grade \$60

7th & 8th Grade \$60

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