



# Jay Community Center

## 2019 JCC Spring Traveling Soccer Program

Boys & Girls U11, U13, and U15

**WHAT:**

JCC Spring Traveling Soccer  
Outdoor Program for Boys & Girls  
Ages 8-17

\*Teams can be expected to travel up to 60 miles\*

**COST:**

**U10 & 11- \$80.00 Registration Fee**

**U12-15 \$80.00 Registration Fee**

**U16+ – \$80.00 Registration Fee**

On or Before March 3, 2019 Non-Refundable Fee

Parents and Coaches are responsible for referee fees

**WHEN:**

Games will be played on Saturday & Sunday  
Afternoons  
Roughly April 6th—June 2nd 2019

**UNIFORMS & FAN GEAR:**

Contact your coach.

**FUNDRAISING OPPORTUNITIES:**

Detergent (2/1/19-3/10/19)

**WHERE:**

Home Games will be played at the Jay County Recreation  
Complex located on Como Road & 450 S

**Sign Up For Text Updates**

Text @ to 81010

to Sign Up for Travel Soccer Text Alerts

(Please cut along this line and return the lower portion to the Jay Community Center)

### 2019 JCC Spring Traveling Soccer Registration Form



Name: \_\_\_\_\_ M/F \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
(Date of Birth) (2017-2018)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**PARTICIPANT RELEASE:** I hereby grant permission for my child to participate in the Jay Community Center Spring Traveling Soccer Program. Further, I agree to hold harmless & release the center, directors, officials, & coaches from any & all liability related to this program. JCC reserves the right to use photographs for any promotional material.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Would you or a family member or a friend like to consider coaching? YES or NO

If Yes, what is the name (and best way to contact) of Prospective Coach (Name): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Text: \_\_\_\_\_ Email: \_\_\_\_\_

Shirt size for coach (please circle one): AS AM AL AXL AXXL AXXXL AXXXXL

**Office Use Only:**

Fee Paid (Y/N) \_\_\_\_\_ Amount Paid \_\_\_\_\_ Date \_\_\_\_\_ Charge, Check, or Cash \_\_\_\_\_ Employee \_\_\_\_\_ Receipt # \_\_\_\_\_

115 E Water St, Portland, IN 47371 | p: (260) 726-6477 | info@jaycc.org