

# Toledo Leprechauns Soccer League

## Our Mission Statement

Recreational sport is the backbone of any community. Supported and nurtured, it can only give positive feedback to its members.

The Leprechaun Staff would like to welcome new and past players to the Winter 2012 Season.

Our goal in this league is to introduce players to the game of soccer, give them knowledge of basic skills, and create a positive experience for each child while learning to be a team member.

Our dedicated staff of volunteers and professional coaches, along with our premiere players, will be available to assist our recreation coaches and observe players who are interested in a future experience with the Toledo Celtics Soccer Club.

We will ensure that every child in this league will be given the chance to develop his or her physical, mental, and social skills. We provide a safe and fun environment, so the children will know they have positive support from parents, coaches, and staff members.

Sincerely,

The Leprechaun Staff

## Our Field Location

Our indoor facility is located at 3835 Airport Hwy., Toledo, OH. Our building is next to the Fourty Four Plaza Shopping Center, approximately 300 yd. West of Byrne Rd. Directions are posted on our website.

## Leprechaun Office Hours

The soccer office is open Monday, Wednesday, & Friday from 10:00 am until 4:00 pm.

## Dates and Times

Soccer games will be played on the following days. This schedule will allow us to provide 6 games to each team.

Session 1: Sat. Jan. 21st, Sat. Jan. 28th, Sat. Feb. 4th, Sat. Feb. 11th, **Sun. Feb. 12th**, Sat. Feb. 18th

Session 2: Sat. Feb. 25th, Sat. Mar. 3rd, Sat. Mar. 10th, Sat. Mar. 17th, Sat. Mar. 24th, Sat. Mar. 31st

Game schedules will be posted online at [www.toledoleprechauns.com](http://www.toledoleprechauns.com).

## Divisions and Fee Schedule

| Division     | Grade          | One Session | Two Sessions |
|--------------|----------------|-------------|--------------|
| Division I   | 3 yrs. - Pre-K | \$40.00     | \$70.00      |
| Division II  | K - 1          | \$40.00     | \$70.00      |
| Division III | 2 - 3          | \$45.00     | \$80.00      |
| Division IV  | 4 - 5          | \$45.00     | \$80.00      |
| Division V   | 6 - 8          | \$50.00     | \$90.00      |

## Uniforms

All players must wear the Leprechaun Soccer uniform. Uniforms are available for purchase at **Toledo Leprechaun Soccer Office**, 3215 W. Sylvania Ave., Toledo, OH 43613, (419) 473-9490

Both green and white tee shirts are needed for the season. White is for home games - green is for visitor games. Sweatshirts are available at an additional charge.

### Cost of Uniforms:

- Tee Shirts Set: (white and green) \$15.00 (Youth S, M, L; Adult S, M, L, XL)
- Tee Shirt: (each) \$ 7.50
- Shorts: (black) \$ 5.00 (Youth S, M, L; Adult S, M,)
- Socks: (green) \$ 5.00 (youth or adult)

Children are required to wear soccer shin guards to both practice and games. Please have them take a ball (age appropriate size) and water bottle along with them.

## Application Deadline

Session 1 Deadline: Jan. 7th Session 2 Deadline: Feb. 17th  
\$10 late fee for applications received after the deadline, and a \$10 fee for refunds.

## Mail Registration To

Toledo Leprechauns Soccer League  
3215 W. Sylvania Ave.  
Toledo, Ohio 43613

Age divisions will be separated by grade.  
(use one form for each child in the program)  
Copies can be made.

Note Both Sides Must Be Completed.

Complete all Player Information:

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

Male  Female

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

School: \_\_\_\_\_

Grade (Fall 2011- Spring 2012): \_\_\_\_\_

Parents/Guardian Names: \_\_\_\_\_  
(Include last name if different from player last name)

Are there any medical problems the coach should know about? If yes, please explain on separate sheet.

Has child previously played with this league?  yes  no

If yes, what was coach's name: \_\_\_\_\_

Player's request: \_\_\_\_\_

Parents: Your help would be greatly appreciated.

Are you interested in Coaching?  Head Coach  Assistant Coach

Name \_\_\_\_\_

**NOTE** Registration fees must accompany this form or the registration cannot be processed.

There will be a \$25.00 fee added for returned checks.

**Signature by parent or guardian is required on the backside of this form for your child to participate OVER ➡**

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**Liability Waiver & Medical Release**

**Toledo Leprechauns**

**Soccer League**



**Please Read and Sign Below:**

To make certain you understand the risks involved, the waiver recipient named below requires you to sign this waiver before you can participate in Toledo Leprechauns Soccer League. Further, you agree that the waiver recipient, along with its officers, trustees, members, managers, employees, and agents, heirs, successors, and assigns, is not responsible for any of the following risks:

- Injury, death, or loss to self caused by contact with teammates, other players, or the ball itself;
- hazards that may be brought on by the goal posts or soccer equipment;
- hazards or illnesses that may be caused by weather or field conditions;
- the potential of another player or teammate to act in a negligent manner that may contribute to injury;
- injury, death, or loss to self resulting from transportation to and from soccer events, 08-01-11 --- 07-31-12;
- examination or treatment by Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses that may result from unexpected illness or injury;
- any other injury, death, or loss of any kind, like, or nature whatsoever.

This waiver will be interpreted according to Ohio law. To terminate it, you must do so in writing. It can only be amended in writing, when signed by both parties.

**By signing this waiver, all participants in this Youth Soccer Organization participate at their own risk, and each minor child will be the sole responsibility of their respective parent and/or guardian.**

\_\_\_\_\_  
Signature (if under 18, parent or guardian)

\_\_\_\_\_  
Print Name and Title of Person Signing/List last name of player if different from parent/guardian

\_\_\_\_\_  
Print Name of Participant (player)

*Office Staff Only*

**Toledo Leprechauns Soccer League**

**3215 W. Sylvania Ave.**

**Toledo, Ohio 43613**

**Phone: (419) 473-9490**

**Fax: (419) 473-9660**



**Toledo  
Leprechauns  
Soccer  
League**

**Indoor Soccer**

**Winter 2012**

**Registration Form**



**Toledo Leprechauns Soccer League**

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**Toledo, Ohio 43613**

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**www.ToledoLeprechauns.com**