

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.

Dear Parents and Players:

The Leprechaun Staff would like to welcome new and past players to the Spring 2009 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:

The Toledo Leprechauns Soccer League plays on the fields adjacent to Page Stadium behind the (old) Devilbiss High School currently home to The Toledo Technology Center on Upton Avenue.

Leprechaun Office Hours:

The soccer office is open Monday, Wednesday, & Friday 10:00 am until 4:00 pm with extended hours Wednesday evenings until 7:00 pm April 1st thru April 29th after which we will resume regular office hours.

Open registration will be:

Tues. April 7th 5:00 pm until 8:00 pm, Wed. April 8th 10:00 am until 8:00 pm, and Thur. April 9th 5:00 pm until 8:00 pm.

Dates:

Soccer games will be played on the following Saturday and Sunday afternoons. This schedule will allow us to provide 7 games to the teams.

Sun. May 3rd, 10th, Sat. May 16th, Sun. May 17th, 31st, Sat. June 6th, Sun. June 7th

Time:

Games begin at 1:00 pm and continue to play every hour. Game schedules will be posted online at www.toledoleprechauns.com.

Games are played in the rain/snow unless notified by the office. Dress the players accordingly.

Practice Times:

Your child's coach, **NOT** the soccer office, will schedule practice dates, site, and times.

Divisions and Fee Schedule:

Division I	3 yrs. - Pre-K	\$50.00
Division II	K - 1	\$50.00
Division III	2 - 3	\$55.00
Division IV	4 - 5	\$55.00
Division V	6 - 8	\$60.00

We are pleased to announce that we will present each player with an award at the end of the season.

Uniforms:

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, L)
Socks: (green)	\$ 5.00 (youth or adult)

All players must wear the Leprechaun Soccer uniform. 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:

April 9th \$10.00 late fee assessed for applications received after the deadline. No applications after April 17, 2009.

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: _____

School: _____

Grade (Fall 2008 - Spring 2009): _____

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? Yes No

Assistant Coach Yes No

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** ➡

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, 08-01-08 --- 07-31-09;
- 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
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Spring 2009 Registration Form



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