

# Town of Marion Recreation Program

## 2026 SUMMER SOCCER REGISTRATION!

Attention Parents.....Register May 1<sup>st</sup> through May 31<sup>st</sup>

Print a form at: [www.marionny.gov](http://www.marionny.gov)

**Mail or Drop off (24 hr drop box):** Atten: P&R Dept; Marion Town Hall 3823 N. Main St 14505

**In person:** May 1: PTO Roller Skating, May 9: Opening Day, May 18: Park Pavillion 6-7pm

Coordinator Sarah Griffin: [marionrecsoccer@townofmarionny.com](mailto:marionrecsoccer@townofmarionny.com)

What: Youth Summer Soccer is designed to provide children with the opportunity to engage in a **developmental** program that teaches basic soccer skills. Nights involve 30 mins of team practice, followed by a game within their group.

When: Tuesdays & Thursdays...July 7<sup>th</sup> - August 13<sup>th</sup> (*no practice July 24th*)

Who: Groups are based on the grade level **AT** registration.

**Group 1: 3 & 4 year olds (eligible for the 26-27 school year)**

**Group 2: UPK-K**

**Group 3: Grades 1-2**

**Group 4: Grades 3-6**

Time: Tuesdays & Thursdays... **6:00 - 7:00 pm Groups 1 & 2**

**7:15 - 8:15 pm Groups 3 & 4**

Fee: **\$40** (\$60 after May 31st deadline)/ 2<sup>nd</sup> child- \$30 /each additional child -\$20

*Please understand that parent requests for team placement will be considered but not guaranteed as the emphasis will be on creating teams that are equitable!*

Gear: T-shirt provided, **shin guards** are required, coaches will provide soccer balls

*Check out the cleat and shin guard swap box located at the Marion Town Library*

***Parent volunteers make this program possible!***

***Coaches are needed for every age group. The goal is to have 3 coaches for each team.***

***It's a great way to build relationships with other families in the community, have a few laughs and create lasting memories with the kids.***

# Town of Marion Recreation Program 2026 Summer Soccer Registration

**Parent/Guardian Name:** \_\_\_\_\_

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

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

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

2nd Emergency Contact Name \_\_\_\_\_ / Phone # \_\_\_\_\_

**Player's Name:** \_\_\_\_\_

Current Grade \_\_\_\_\_ Gender \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies: \_\_\_\_\_

Shirt Size: (circle one) YOUTH SM MED LG XL ADULT SM MED LG XL

**2<sup>nd</sup> Player's Name:** \_\_\_\_\_

Current Grade \_\_\_\_\_ Gender \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies: \_\_\_\_\_

Shirt Size: (circle one) YOUTH SM MED LG XL ADULT SM MED LG XXL

## Volunteer Information

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

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

Coach Shirt: S M LG XL XXL

## Volunteer Information

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

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

Coach Shirt: S M LG XL XXL

**Registration Fee** \$40 / 2<sup>nd</sup> child- \$30 /each additional child -\$20 \$ \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_  
\$20 Late Fee after May 31<sup>st</sup> \$ \_\_\_\_\_

**Checks Payable** THE TOWN OF MARION Total \$: \_\_\_\_\_

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**In person:** May 1 at PTO Roller Skating, May 9 at Opening Day, , May 18 6-7pm at Town Park

## Guardian Code of Conduct

- I will encourage good sportsmanship by demonstrating positive, respectful support for all players, coaches and administrative team at each practice.
- I will refrain from any use of alcohol and tobacco as this is a drug free environment for youth.
- I understand Coaches are volunteers and they are not expected to "babysit" my child. I am responsible for their behaviors while playing and participating.
- I will remember that the game is for children and will make it as fun as possible!

**Authorization:** I, a parent or guardian of the above named participant of the Marion Youth Soccer Program, do hereby give my approval to his/her participation in any and all MYS activities. I assume all risks and hazards incidental to such participation and I do hereby waive, release, absolve, indemnity, and agree to hold harmless the MYS program, organizers, sponsors, supervisors and participants, for any claim arising out of injury to my son/daughter whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. Photographs will occasionally be taken of the child during sports activities. By signing this form, I consent to the use of these photos by the MYS Program without compensation to me or my child. I also understand that this is a developmental youth program and will follow the Guardian Code of Conduct at all times or it may result in my player's termination of eligibility.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**