City of Greensburg Recreation Department 520 New Alexandria Road Greensburg PA 15601 724-834-4880

WEB www.greensburgpa.org EMAIL rec@greensburgpa.org

2024 SUMMER SOCCER LEAGUE



REGISTRATION: April 1, 2024 - May 24, 2024

This program is for soccer co-ed teams in U10, U12, U19, and Adult age groups

Season: June 2 – July 28; no games weekend following Independence Day

Days/Times: Sunday games, 9am to 8pm

Cost: \$200 per team

Location: on the rink floor inside the Kirk S. Nevin Arena (concrete)

Online registration is now available on our website, or you can register by stopping in or calling the Recreation Department from Monday through Friday, 8AM – 4PM!

Additional information:

- Max roster of 12 players; no dual rostering
- Top 4 teams in each age group will make single-elimination playoffs
- Playoff/championship: July 28th
- Minimum of 4 teams, maximum of 6 teams per age group
- Each team gets 7 regular season games
- 4 fielders, plus 1 keeper (5 total)
- Teams pay officials \$20 per game
- Two 20 minute halves, 5 minute half time
- Practice days/times are not included teams must find alternative practice location
- Indoor (fuzzy) soccer ball used
- Indoor soccer shoes recommended
- 6.5' x 18.5' goals used
- Ball will be played off of the rink boards

CITY OF GREENSBURG PARKS AND RECREATION DEPARTMENT

520 NEW ALEXANDRIA ROAD, GREENSBURG, PA 15601
PHONE: (724)834-4880 FAX: (724)834-4895 EMAIL: rec@greensburgpa.org

SUMMER SOCCER LEAGUE TEAM REGISTRATION FORM

TEAM CAPTAIN or TEAM COACH:				
BIRTHDATE (MM/DD/YYYY): GENDER:				
CONTACT NUMBER:			□Cell	□Home
ADDRESS:				
CITY:	ZIP CODE:			
E-MAIL:				
TEAM AGE GROUP (circle one): U10	U12	U19	Adult	
TEAM MEMBERS' NAME	G	ENDER	BIRTHDATE	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11 12.				
Release: I, in consideration of my (or my child's) properties any and all property damage or liability arising fropermit the use of any photographs and videotape assumes agrees to follow the department's Code activity and will hold City of Greensburg Parks and claims or causes of action that may arise from this	g Salem School District m accident, injury, or illn of me or my children for of Conduct at all times v d Recreation, its affiliate	(at any location), and ess suffered as a resu promotional purposes thile said activity is be and interest.	any individual con ilt of participation i b. The parent, guar ing held, and all ri byees harmless fro	nected herewith from n this activity. I also dian, or participant sks inherent in the
PARENT/GUARDIAN SIGNATURE			PLEASE PRINT NAME	
•••••				• • • • • • • • • • • • • • • • • • • •
PAYMENT INFORMATION - FOR OFFICE USE	ONLY			
Date:		0 12.25	.	
Cash: Check #: Amount Received: \$		Crealt/Debit:	Onlii	ne:
Received By:				