



# West Side Youth Soccer - Fall '11

**LOCATION:** Burnet Park Indoor Turf Field  
**AGES:** 4 yrs—12 yrs  
**WHEN:** Saturdays, 9am—12:30pm  
**FEES:** \$35—city resident  
 \$60—non-resident  
*Online Registration available!*  
[www.ultimategoalonline.com](http://www.ultimategoalonline.com)

**PROGRAM DATES 2011**  
**SEPTEMBER 17th—October 29<sup>th</sup>, 2011**  
 4-5yrs: 9am // 6-8yrs: 10:15 // 9-12yrs: 11:30  
**FOR MORE INFO**  
 Ultimate Goal: 673-4625  
 Chris @ Parks: 473-4330, ext 3019  
**[abbottc@ci.syracuse.ny.us](mailto:abbottc@ci.syracuse.ny.us)**  
 On-site registration accepted, if space allows.  
 Pre-register today to reserve your spot

Instructional youth soccer returns to Burnet Park on Saturdays this fall, as the Parks Department partners with the expert coaches from the Ultimate Goal's Kicks for Kids program. Game play will follow several weeks of instructional clinics that teach a small, simple and realistic form of soccer! To Register, please complete the form below and return, with payment, to the Ultimate Goal. Or, register online...visit [www.syracuse.ny.us/parks](http://www.syracuse.ny.us/parks) and click on the "fall youth soccer" link.

### Syracuse Parks and Rec / Ultimate Goal Registration Form (One per participant)

Register online -OR- Send Registrations to the Ultimate Goal / 3800 Lee Mulroy Rd / Marcellus, NY 13108

Player's Name: \_\_\_\_\_ Age: \_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Boy or Girl  
 Parent/Guardian's Name: \_\_\_\_\_ Phone(H): \_\_\_\_\_ (W/C): \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Special health needs/special requests (we will do our best to accommodate): \_\_\_\_\_  
**PAYMENT TYPE:**  
 Check # \_\_\_\_\_ (payable to "The Ultimate Goal") Cash \$ \_\_\_\_\_

### AGREEMENT

In consideration of your acceptance of this entry for myself, heirs, executors and administrators, I hereby release the City of Syracuse, the Ultimate Goal, LLC and all its officers, employees, volunteers and agents from any claims, liability, damage or expense that I may incur relating directly or indirectly to my or my child's participation in any such activities relating to the program or events. I hereby certify that my child is in normal health and capable of safe participation in youth sports programs. I assume all risk and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the Ultimate Goal / Syracuse Parks Dept to obtain medical treatment for my child in the event that parents and the emergency contact cannot be reached.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\*There will be a \$10.00 processing fee assessed for any refunds\*

PAID: Staff: \_\_\_\_\_ Date: \_\_\_\_\_