

SS.CONSTANTINE & HELEN PRESENTS:

J.O.Y. SOCCER 2010

\$110 Registration Fee

(This includes camp, team shirt, trophies,
and end of the year awards BBQ)

PLEASE NOTE: Forms & Fees are Due BEFORE 1st SESSION

Players must provide their own shin guards in order to play and practice.
(NO EXCEPTIONS) Spikes are recommended instead of athletic shoes.

**“STP” WILL BE CONDUCTING 2 CAMP SESSIONS
BEFORE THE REGULAR SEASON BEGINS.**

Minor League – (2nd, 3rd, & 4th Graders)

**CAMP SESSIONS: APRIL 12th & 14th 5:00 – 6:00 P.M.
SEASON BEGINS ON APRIL 21st**

Major League – (5th, 6th, 7th, & 8th Graders)

**CAMP SESSIONS: APRIL 12th & 14th 6:00 – 7:00 P.M.
SEASON BEGINS ON APRIL 21st**

Games will be on Mondays & Wednesdays.

(You will receive a schedule once the teams are formed)

(PLEASE NOTE: ONCE TEAMS ARE SELECTED THERE WILL BE NO CHANGES)

****For more information please email Jim Stavrou at
JStavrou777@yahoo.com****

SS. Constantine & Helen Greek Orthodox Church

J.O.Y. 2010 Soccer Program - Registration Form

(Ages: Girls and Boys 2nd-8th grades - Forms must be returned before April 12th, 2010)

Please Print Neatly:

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

TELEPHONE:

AGE:

BIRTH DATE:

EMERGENCY TELEPHONE:

WEIGHT:

GRADE IN SCHOOL

PARENTS EMAIL ADDRESS:

T-Shirt Size (Check One):

Adult's	Small	Medium	Large	X-Large
Child's	Small	Medium (10-12)	Large (14-16)	

FEE THIS YEAR IS \$110 - PAYABLE WITH THIS FORM BEFORE APRIL 12TH, 2010

PLEASE MAKE CHECKS PAYABLE TO SS. CONSTANTINE AND HELEN JOY.

We, the parents (legal guardians) of the child above, do give our consent and approval for his/her participation in the SS. Constantine and Helen J.O.Y. Soccer Program. In consideration of our child's acceptance in said activity, we the undersigned do hereby agree to indemnify and hold harmless SS. Constantine and Helen Greek Orthodox Church of Palos Hills, IL., its priests, directors, officers, coaches and agents, without regard to any negligence on their part, against any claim for damages, compensation or otherwise including all losses and expenses caused to or by our child while participating in the JOY Soccer Program of SS. Constantine and Helen Greek Orthodox Church, Palos Hills, IL or arising of our child's participation in ATHLETIC PROGRAM.

We represent and warrant that our child has no health or medical condition which would prevent his/her participation in the SS. Constantine & Helen Program and that our child's participation in the said Athletic Program will not endanger or pose any hazard to his/her health.

We consent and give authority to obtain medical care and treatment for any and all injuries sustained as a result of participation in the SS. Constantine and Helen JOY Soccer Athletic Program.

PARENTS MUST COMPLETE THIS INFORMATION & SIGN

Insurance: (Hospitalization) Company.

Policy Number:

Drug Allergies, if any

Date:

Signature of Parent/Guardian:

PARENTS MUST VOLUNTEER TO HELP MONITOR AT LEAST ONE MONDAY OR WEDNESDAY
PARENTS: WE NEED YOUR HELP TO MAKE THIS PROGRAM SUCCESSFUL - PLEASE VOLUNTEER!

I, Volunteer to help in the following areas:
___ Coach ___ Assistant Coach ___ Monitor

- ***MUST BE A PAID STEWARD OF SAINTS CONSTANTINE & HELEN CHURCH TO BE ELIGIBLE TO REGISTER***
- ***Only sibling combinations will be guaranteed same team consideration***
- ***Players must provide their own shin guards in order to play and practice - - NO EXCEPTIONS.***
- ***Jr. Olympic teams will be selected from this program.***
- ***Children must be accompanied by parent. No children may be dropped off. We can not provide a sitting service.***