Jefferson Park & Recreation Department

JPRD U6 Soccer

Introduce your children to the game of soccer at an early age. Participants will learn the basics through drills and games. **Shin guards are mandatory.**

Date: April 6 – May 4, 2020

Day & Time: Monday, 5:30-6:30 pm

Fee: Members: $20.00

Non-members: $25.00

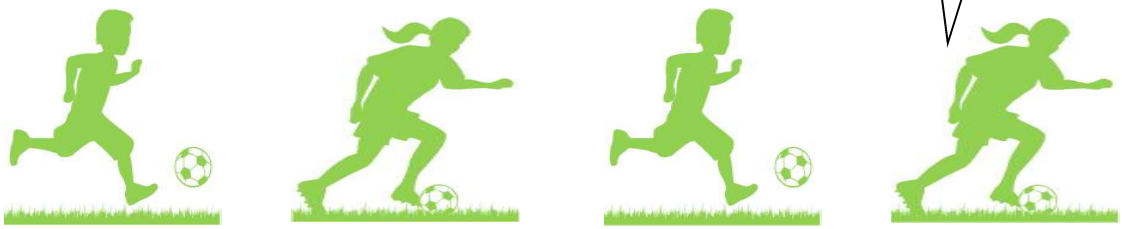
Ages: U6 – under 6 as of 12/31/19

Instructor: JPRD staff

Location: Kelso Park

Deadline: April 3, 2020

Parent volunteers needed as coaches!! If interested in coaching contact JPRD at 386-3412 or check the box below!



Register at the Greene County Community Center or
send registration & payment to JPRD, 204 W Harrison St, Jefferson, IA 50129

Name_____Age_____Birthdate_____

Address_____City_____Zip_____ Email_____

Home Phone #_____Work Phone # _____Cell #_____

Shirt size ❒ Youth S ❒ YM ❒ YL ❒ Adult Sm ❒ Adult M ❒ Adult L

❒ Yes, I am interested in helping. Name:_____

121550 A U6 Soccer **Is Child a GCCC Member? Y N**

Waiver & Medical Authorization

In consideration of being permitted to participate in a Jefferson Park and Recreation Department activity or program I, the undersigned participant (or, if under age 18, the participant's parent or legal guardian on his or her behalf): (i) recognize and acknowledge that such activity may involve risk of bodily injury or property damage, (ii) assume full responsibility for and risk of any bodily injury, damage or loss which may occur as a result of participating in such activity, (iii) release, waive, discharge and covenant not to sue the Jefferson Park and Recreation Department and the City of Jefferson and their administrators, officers, employees, members of governing and advisory bodies, representatives, agents, coaches, officials and volunteers (the "releasees") from all liability to the undersigned for any and all damage or loss, and any claim or demand therefor, on account of injury to my person or property, whether due to negligence of the releasees or otherwise, as a result of participating in any such activity or program, (iv) agree to indemnify and hold harmless the releasees identified above from any and all loss, liability, damage or cost that they may incur as a result of my participation in any such activity or program, (v) in the event of any injury or illness while participating in such activity or program authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel, and (vi) consent to my picture being used for publicity or promotional purposes. I HAVE READ AND FULLY UNDERSTAND THIS WAIVER AND MEDICAL AUTHORIZATION AND VOLUNTARILY SIGN IT.

Parent's or guardians signature:_____ Date:_____

Does the participant have any condition that would prevent full participation in the above activity?
_____yes _____no ie. asthma, diabetes, seizures, allergies (bee stings), etc.