2019 HK Recreation Department's
Fall Youth Soccer League

All players must attend one of the in-person skills assessments to be placed on a team. The players will be evaluated by UKI Coaches. Please register on-line or by mail before attending skills assessment. This is not a tryout! Please arrive 15 min. before time slot. Please wear cleats and shinguards. Bring sneakers/indoor soccer shoes if moved indoors due to rain.

Please register on-line or by mail before coming to the assessment. Fee: $115 / $95 2nd child. $25 late fee after 6/18/19 No fee for 1 child (Head Coach or Referees at least 6 games in Div.1) Coaches & referees needed!

Important Information

Who: Girls Division 1 (Gr. 1 - 2) / Boys Division 1 (Gr. 1 - 2) / Girls Division 2 (Gr. 3 - 5) / Boys Division 2 (Gr. 3 - 5)

Note: Divisions may have to be realigned depending upon the number of players signing up.

Practices: Times and locations of practices are at the discretion of the coach. Practices are conducted on weekdays after 5 pm at various fields.

Games: Saturdays at Eric Auer Killingworth Recreation Park (rain date: Sundays pending field availability)

Equipment: Each player receives a team uniform top. Players provide shorts, socks, soccer shoes. Shinguards are mandatory. Each child should have their own labeled soccer ball.

Pee Wee Soccer Academy (ages 3 - 5): 30 min. of drills and 30 min. of small-sided games run by Everson Soccer. Held on Saturdays starting after Labor Day. Look for more info. in our Fall Brochure and on our website in August.

Timeline:
Wednesday, July 31st Coaches Clinic at HK HS Front Field 6:30 - 8:00 pm (conducted by UKI Soccer Coach)
Monday, August 12th Team Rosters and equipment bag available for coaches
Saturday, September 7th Pre-Season Practice Games/Team Photos at KRP times TBA
Saturday, September 14th Season begins at KRP
Saturday, November 2nd End of the Season Jamboree at KRP

Registration form on back or register at www.hkrec.com
REGISTRATION FORM  (PO Box 569, Higganum, CT 06441)

Please mail form before skills assessment or register on-line. Scholarships are available if qualify. Call 860-345-8334.

Child's Name_____________________________________________DOB________ Gr. (Fall '19)_________

Girls League ____      Boys League ____          School ______________          Height_____ft._____in.

Which assessment date will your child be attending?:        6/12    or      6/18

Address_________________________________________________________Town___________________________
e-mail _______________________________________________________  Phone (      ) ______________________
Cell phone (Mom) (     ) ___________________________________ (Dad) (      ) ______________________________

1) Are there any physical/behavioral conditions the coach should be aware of?

2) Does your child play on a Travel Soccer Team (Spring or Fall)?              [     ] yes                [     ] no

3) You may request one day that your child cannot practice. Please circle:

M       T       W       Th       F

4) Is there a player from your neighborhood who you need to carpool with? Name_________________________ Gr.___

Can You Help?      Please circle:  Coach Asst. Coach Referee
Your Name: __________________________________________ email _____________________________________
Coach with: _____________________________ Division to coach _____________________________

I hereby covenant and agree to release and hold harmless the HK Recreation Dept. and its agents from and against any and all liability, loss, damage, claims or actions (including costs and attorney fees) for bodily injury and/or property damage out of participation in the Youth Soccer League. I understand participation in the Youth Soccer League may involve rigorous physical activity and risks of physical injury, and I assume these risks. I have read and understand the player/parent policies and concussion awareness.

Parent/Guardian’s Signature_________________________________