

Women's 30 & Over 6v6 Soccer League

**FALL
2021**



at Foothills Sports Arena

8 GAMES including play-offs

WOMEN'S 6v6 30 & OVER:

WED (6:30 – 11 p.m.) • **Start Date:** AUG 18

REGISTRATION STARTS: AUG 2

Deadline to Register: AUG 13 or when full

Schedules Available: week of AUG 13

PRICE: \$600 / TEAM (\$25 OFF if paid in full by Registration Deadline)

Registration form on reverse side of this flyer.

PLEASE NOTE:

Minimum Deposit: \$100 minimum deposit is required with registration.

Balance due **BEFORE 2nd GAME** or team may be dropped from league.

Refund Policy: \$40 processing fee to withdraw from league prior to deadline date – no refund after deadline date.

Bring or mail registration form and fees to:

Foothills Sports Arena
3608 S. Kipling Parkway
Denver, CO 80235

OR Email Registration Form to brandonb@fhprd.org
OR Fax Registration Form to 303-409-2440

303-409-2444 • www.ifoohills.org



Foothills
Park & Recreation District

The logo for Foothills Park & Recreation District features a stylized black silhouette of a mountain range above the word "Foothills" in a bold, serif font, with "Park & Recreation District" in a smaller, sans-serif font below it.

Adult Team Registration Form



Clement Park Athletics Office
 7306 W Bowles Ave
 Littleton, CO 80123
 Phone: 303-409-2615
 Fax: 303-409-2630

Foothills Sports Arena
 3608 S Kipling Pkwy
 Denver, CO 80235
 Phone: 303-409-2444
 Fax: 303-409-2440

Foothills Fieldhouse
 3606 S. Independence St
 Denver, CO 80235
 Phone: 303-409-2372
 Phone: 303-409-2371

Desired League: (Please select all classifications):

Location: Easton Regional Park ___ Lilley Gulch Recreation Center ___ Ridge Recreation Center ___
 Foothills Sports Arena ___ Schaefer Athletic Complex ___ Clement Park ___ Foothills Fieldhouse ___

Season: Winter ___ Spring ___ Summer ___ Fall ___

Sport: Softball ___ Basketball ___ Volleyball ___ Soccer ___ Flag Football ___ Lacrosse ___ Disc Golf ___

Night: SUN ___ MON ___ TUE ___ WED ___ THU ___ FRI ___

League & Division: _____
 (ie. Coed Comp, Men's Comp, Coed Open, Coed Rec)

Team Name _____

Manager's Name _____ **Email** _____

Main Phone # _____ **2nd Phone #** _____

Address _____ **City** _____ **Zip** _____

Assistant Manager's Name _____ **Email** _____

Main Phone # _____ **2nd Phone #** _____

Please Note: Foothills Park & Recreation District is in compliance with the Jake Snakenberg Youth Concussion Act, which requires a youth player (ages 19 and younger) to be removed from play if a concussion is suspected and can only return to play with medical authorization.

___ 1. **Liability Waiver:** By registering in our programs/classes and/or reserving/renting facility spaces/amenities, the applicant on his or her behalf (and, if applicable, on the behalf of the minor child or children registered the said child(ren)'s legal representative), hereby releases and agrees to indemnify and hold harmless the Foothills Park & Recreation District and its representatives and agents from all claims or liability for damages and/or injuries incurred by me and such minor child(ren), in connection with any District event or activity.

___ 2. **Hold Harmless:** I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS OF HARM OR INJURY, both known and unknown, and including all risks to my health associated with any communicable disease or community health risk, of my participation in any individual, group or team program or activity, and assume full responsibility for my participation. And further agree to follow any or all local, county or state rules/orders related to community health risks or communicable disease.

___ 3. **Firearms:** Open and concealed carrying of firearms is PROHIBITED at all Foothills Park & Recreation District facilities, parks, trails and golf courses.

___ 4. **Americans with Disabilities Act Accommodation Request:** Foothills Park & Recreation District strives toward providing inclusive programs to all community members. People of all abilities are invited to consider registering for any recreational program Foothills Park & Recreation has to offer provided they meet the minimum eligibility requirements. To request an accommodation please allow 10 business days prior to the start of the class/activity. Please contact the Programmer/Supervisor of the selected activity. For more information on equal opportunity, diversity and ADA compliance, please contact Human Resources at 303-409-2118.

Signature of Manager _____ **Date** _____

STAFF USE BELOW THIS LINE

Amount	Date	Payment	Balance	Initials
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