



Soccer Nights

2012 • go for the gold

kids playing soccer
and so much more



About

Soccer Nights is a **free** summer evening soccer clinic for kids that seeks to promote athletic skill, leadership development, and city-wide unity. All skill levels welcome.

Program Highlights

- Quality soccer instruction
- Games and scrimmages
- Healthy snacks
- Free T-shirt
- Fun, family atmosphere

Site Info: East Boston

July 16 -20, 2012 • 6pm - 8pm

- East Boston Memorial Stadium
- Ages: 6-12 years.

Hosted by

East Boston Social Centers
68 Central Sq
East Boston MA
02128



"My son smiled nonstop each night - he loved it!"

-Parent of participant,
Soccer Nights 2010

For more info, questions or to register, visit:

www.soccernights.org/east-boston.html
soccernights@ebsoc.org • 617-569-3221x32



Frequently Asked Questions

How old does my child need to be to participate?

- Your child must be no younger than six years old or entering the first grade in the fall of 2012 and must be no older than 12 years old to participate in Soccer Nights.

What should I do with my child who is too young or too old to participate?

- For children under six, we have informal activities and games on the side field. We encourage parents to stay and participate in these activities with their children. For children over 12, we would love for them to serve as volunteers at Soccer Nights.

How do I register my child?

- Fill out the attached Registration form in its entirety, sign and date the Consent Form, and return it to the address on the form. Children cannot participate without a signed Consent Form. You can also register online.

When does registration close?

- New participants can register on-site at East Boston Memorial Stadium through Tuesday each week *if* spots are available. However, we encourage participants to sign up in advance to guarantee a spot. Each year we reach capacity of participants. We will not accept any new participants after Tuesday each week.

What time should we arrive at Soccer Nights?

- Please arrive at 5:45pm to check in each night. Soccer Nights runs weeknights from 6-8:00PM.

Who gets t-shirts?

- Registered participants receive a free t-shirt. For parents or other children not enrolled, t-shirts can be purchased for \$5.

Where do I pick up my child when Soccer Nights ends?

- Parents must pick up their children in their specific division at the end of the night unless otherwise noted on their registration form. (Participants are divided into four divisions based on age: red, blue, orange, and green).

What should my child wear?

- Participants need to wear comfortable athletic clothes and closed-toed shoes that they can run in.

What is the 2012 theme?

- In honor of the 2012 Summer Olympics, the theme for Soccer Nights this summer is "Go for the Gold". Participants will learn to set goals and accomplish goals as a team through fun nightly challenges.

How much does Soccer Nights cost?

- Soccer Nights is free! However, we depend on the help and involvement of parents and family to make this program possible. Consider volunteering at or making a tax-deductible contribution to Soccer Nights. If you are interested in helping, please mark this on your child's registration form.

Who sponsors East Boston Soccer Nights?

- East Boston Social Centers
- Massachusetts Port Authority

To stay up to date on
program information, please visit
www.soccernights.org

East Boston Participant Registration

SoccerNights

Session Info

Monday, July 16 - Friday, July 20, 2012 6:00pm-8:00pm, East Boston Memorial Stadium

① Student Information

First Name: _____ Last Name: _____

Address: _____
Street Apt #

City State Zip

Gender: Male Female

Grade **Entering in Fall 2012:** (please circle)

K 1 2 3 4 5 6 7

Birthdate: - -
Month Day Year

Has your child participated in Soccer Nights before? Yes No

Outside of Soccer Nights, what other soccer experience does your child have?

City league Club team
 Informally with friends No experience

Does your child have any food allergies or intolerances?

Yes No If yes, please specify: _____

Does your child have any other medical, health, or behavioral issues that we should be aware of?

Yes No If yes, please specify: _____

② Parent/Guardian Information

First Name: _____ Last Name: _____

Relationship to child: _____

Email address: _____

Home Phone: - - Cell Phone: - -

③ Demographic Information*

Child's Race/Ethnicity:

- Asian/Asian American
 Black/African American
 Hispanic/Latino
 Native American
 White (not of Hispanic origin)
 Multi-racial: _____
 Other: _____

Is your child eligible for free or reduced lunch? Yes No

Primary Language Spoken at Home: _____ Your Country of Origin: _____

What religious affiliation best describes you?

- Buddhist
 Christian
 Hindu
 Jewish
 Muslim
 Sikh
 No religious tradition
 Other: _____

*Optional. Demographic information is used for reporting to funders. All information is kept confidential. Only aggregated data is used so you will not be personally identifiable.

④ Program Information

Transportation Plan and Authorization

• My child will **arrive** at Soccer Nights by:

- Unsupervised walk/bike/public transit
 Parent/Guardian Drop-Off
 Non-guardian Drop-Off
 Other: _____

• My child will **depart** from Soccer Nights by:

- Unsupervised walk/bike/public transit
 Parent/Guardian Pick-Up
 Non-guardian Pick-Up
 Other: _____

Please list 2 individuals who have permission to drop-off and pick-up your child

- | | | |
|------------|-----------|-----------------------|
| 1. _____ | _____ | _____ |
| First Name | Last Name | Relationship to Child |
| 2. _____ | _____ | _____ |
| First Name | Last Name | Relationship to Child |

⑤ Get Involved

Contribute Financially

• Would you like to make a tax-deductible contribution towards **Soccer Nights** to keep it affordable for all families?

- Yes, please contact me to let me know how I can help.
 No thanks, not at this time.

Volunteer at Soccer Nights

• Would you like to volunteer at **Soccer Nights**?

- Yes, please contact me to let me know how I can help.
 No thanks, not at this time.

SoccerNights

Parental Consent & Liability Form

I, _____, parent/legal guardian of _____, age _____, in consideration of the opportunity to participate in Soccer Nights conducted jointly by the Cambridge Community Fellowship Church, Cornerstone Church, Hope Fellowship Church, Pentecostal Tabernacle, and Vineyard Christian Fellowship—Greater Boston (hereinafter jointly referred to the "Cambridge Youth Collaborative"), the City of Cambridge, the City of Medford, the Cambridge Police Department, Federal Management Company ("Fresh Pond Apartments"), Mystic Place/Winn Residential, Redemption Hill Church, Seven Mile Road, Redemption Hill Church, and the East Boston Social Center during the weeks of June 18, 2012 through July 27, 2012 hereby agree and acknowledge as follows:

1. I understand that participation in Soccer Nights involves potential exposure to physically dangerous situations and may involve unavoidable risk of injury to participants or damage to property.
2. In consideration of the opportunity for my child to participate in Soccer Nights, I agree to hold harmless and indemnify the Cambridge Youth Collaborative, the City of Cambridge, the City of Medford, the Cambridge Police Department, Federal Management Company ("Fresh Pond Apartments"), Mystic Place/Winn Residential, Redemption Hill Church, Seven Mile Road, and the East Boston Social Center and their employees, volunteers, agents, successors, heirs, estates, executors, administrators, and assigns from any and all claims, demands, actions, damages, and liabilities whatsoever which may directly or indirectly result from or be related to any loss, damage, or injury that may be sustained by my child or sustained by any other person or property, in connection with my child's participation in Soccer Nights.
3. I further agree to release and forever discharge the Cambridge Youth Collaborative, the City of Cambridge, the City of Medford, the Cambridge Police Department, Federal Management Company ("Fresh Pond Apartments"), Redemption Hill Church, and Seven Mile Road, their employees, volunteers, agents, successors, heirs, estates, executors, administrators, and assigns from all such claims, demands, actions, damages and liabilities whatsoever, which I may have, on behalf of my child whether foreseen or unforeseen, on account of my child's participation in Soccer Nights.
4. This release and discharge shall be binding upon the successors, heirs, estates, executors, administrators, and assigns of the undersigned.
5. I certify that, to the best of my knowledge, my child has no medical, psychological, or physical conditions that could interfere with his or her safety in Soccer Nights activities and that I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.
6. In the event of illness or injury, I hereby authorize representatives of the Cambridge Youth Collaborative, the City of Cambridge, the City of Medford, the Cambridge Police Department, Federal Management Company ("Fresh Pond Apartments"), Redemption Hill Church, Seven Mile Road, and the East Boston Social Center to act for me according to their best judgment in any emergency requiring immediate medical attention, and hereby grant the right to take appropriate action for my child's health and safety and to obtain any necessary medical assistance. I understand that the directors & coaches of Soccer Nights, or anyone associated with the Cambridge Youth Collaborative, City of Cambridge, the Cambridge Police Department, Federal Management Company ("Fresh Pond Apartments"), Redemption Hill Church, Seven Mile Road, and/or the East Boston Social Center will not assume responsibility for any medical or dental expenses incurred as a result of participation in this program, and those expenses shall be borne by me, as parent/guardian of my child, the registrant.
7. I give my consent to the Cambridge Youth Collaborative, the City of Cambridge, the City of Medford, the Cambridge Police Department, Federal Management Company ("Fresh Pond Apartments"), Redemption Hill Church, Seven Mile Road, and the East Boston Social Center to photograph, film, and/or use a photographic or digital reproduction of my child, to identify my child by name and/or to quote or record statements made by my child, for any editorial, promotional, or advertising purposes. I waive any right to inspect or approve the finished version(s). The Cambridge Youth Collaborative, City of Cambridge, the Cambridge Police Department, Federal Management Company ("Fresh Pond Apartments"), Redemption Hill Church, Seven Mile Road, and the East Boston Social Center and those who are authorized shall have the rights to reproduce, distribute, and display publicly, including on the Internet— photographs, film, videotape, statements, and quotes covered by this release, and to prepare derivative works. I understand that the Cambridge Youth Collaborative, the City of Cambridge, the City of Medford, the Cambridge Police Department, Federal Management Company ("Fresh Pond Apartments"), Redemption Hill Church, Seven Mile Road, and the East Boston Social Center are not responsible for unauthorized duplication or use by third parties.
8. I acknowledge that I have read and fully understand this Agreement and Consent Form.

Parent/Legal Guardian Signature

Date

Return Completed forms

By Mail: **East Boston Social Centers**
68 Central Square
East Boston MA 02128

With questions

Call: **617-569-3221x32**

Email: **soccernights@ebsoc.org**