



NORWALK PARKS & RECREATION  
 100 Republic St. (419) 663-6775 www.norwalkrec.com

**YOUTH INDOOR SOCCER – SPRING 2025**

**\*\*\* PROGRAM INFORMATION SUBJECT TO CHANGE AT ANY TIME \*\*\***

This is a coed indoor soccer program for players to learn the fundamental skills of the sport to build upon in a fun, low competitive atmosphere. Each regular session will include instruction and scrimmage time.

**Boys & Girls (5 yrs – 3rd Grade)**

**Dates:** Saturdays Feb. 22 – March 29

**Time:** Scheduled between 9-2PM

**Where:** Perkins Family Gym  
 checks payable to 'City of Norwalk'

**Registration cost by Feb 9:** spots open until rosters fill  
**\$35** for Norwalk City residents/students & Ernsthausen Members  
**\$45** for out of town students

**Late registration cost as of Feb 10: \$5 late fee**

*(The Park & Rec. Dept. does offer financial assistance for youth fees.  
 Please contact the center for information)*

**\*\*All forms must be turned into the Ernsthausen Recreation Center, 100 Republic Street, Norwalk\*\***

Child's Name \_\_\_\_\_ School \_\_\_\_\_ Member Exp. \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_  
 Grade \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Height \_\_\_\_\_' \_\_\_\_\_" Weight \_\_\_\_\_

PARENT EMAIL \_\_\_\_\_

**Circle T-shirt Size:** Youth Sm. Youth Med. Youth Lg. Adult Sm. Adult Med. Adult Lg.

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Mother's Employment \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Father's Employment \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Alternate person to be contacted \_\_\_\_\_ Phone \_\_\_\_\_

Facts concerning your child's medical history including allergies, medications being taken, and any physical impairments that would be beneficial for this department to be aware of:

I agree that I will hold harmless and indemnify any rights and claims for damages against the Norwalk Parks & Recreation Dept. or the City of Norwalk for any injuries incurred during activities my child is participating in, including but not limited to exposure to or illness resulting from COVID-19. I assume all responsibility as a result of my child being permitted to participate in the programs. The alternates listed above are hereby authorized in my absence to consent for treatment to be given to my child. In the absence of myself and all alternates listed above, I hereby give my consent for treatment deemed necessary by any acting physician or dentist.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Requests to be with certain players or coaches will not be made except in same household!!!**

**PLAYER REQUIREMENT**

A new state law, known as "Lindsay's Law," calls for pre-participation education and training for families & coaches, with guidelines for recognizing and dealing with the symptoms of **Sudden Cardiac Arrest**. It aims at raising awareness of **Sudden Cardiac Arrest** to ensure preparedness and proper response in the event of medical emergencies.

**Here are the REQUIRED steps:**

- 1) Watch short **SCA** video @ [norwalkrec.com](http://norwalkrec.com)
- 2) Sign the **REQUIRED SCA** form
- 3) Return signed form at time of registration.

**NO CHILD MAY PARTICIPATE WITHOUT COMPLETED SCA SIGNATURE FORM**

RN: \_\_\_\_\_ Date \_\_\_\_\_ Amt. Pd. \_\_\_\_\_ Initials \_\_\_\_\_  SCA