



## NORWALK PARKS & RECREATION

(419) 663-6775

www.norwalkrec.com

### SPORTIES FOR SHORTIES – soccer 2026

This will be a parent and child interactive introductory soccer program for children 3-5 years old. Children will be taught the basics of the sport through different games and activities. The program will be held for five weeks.

**When:** Saturdays, January 17-February 14

**Where:** Perkins Family Gym

**Time:** TBA (times either 9 or 10am)

**Cost by Jan 11:**

\$20 for Norwalk City residents/students and Ernsthausen Members

\$25 for out of town students

**Late registration beginning Jan 12:**

\$5 additional per student

Checks are to be made payable to 'City of Norwalk.'

Registration forms and payments are to be turned in to the Ernsthausen Community Center, 100 Republic St., Norwalk.

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

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(Please fill out completely so teams may be divided equally)

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

**Parent email** \_\_\_\_\_

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:

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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 \_\_\_\_\_

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