



Limon Recreation Department Youth Soccer K-2nd 2026



The youth soccer program is sponsored by the Limon Recreation Department and will begin on March 25, 2026 and end on April 22, 2026. The program will be for boys and girls in grades Kindergarten through 2nd. We will be playing on Wednesday afternoons **5:00 p.m.-6:00 p.m.** All practices will be held on the new youth sports field that is located at 400 2nd Ave.

There will be a **\$30.00 fee** for those participating in the program. **Payment should be made to the Limon Recreation Department and is due to the Town Hall by March 13th.** **A \$10.00 late fee will be added to registrations received after March 13th.** No one will be allowed to play without registering. Each child will receive a T-Shirt for participating in the program.

The first two practices the participants will be taught the fundamentals of soccer; passing, dribbling, shooting etc. The third practice participants will be divided into teams and games will be played. Please wear appropriate clothing for the weather conditions in the spring. If you have questions, please feel free to contact me anytime.

I will need parent volunteers to help coach the teams. If I do not get enough volunteer coaches or participants the program will be cancelled. If you are a parent interested in helping with the program, please contact the Limon Recreation Department @ 775-2346. Make sure to check Facebook-Town of Limon page for program cancellations due to weather.

Jason Bandy
Recreation Director
719-892-0919

Liability Release Form

I hereby certify that my child, _____ has permission to participate in the recreation activity, Youth Soccer Program, sponsored by the Limon Recreation Department. I realize there is some risk of injury while being involved in this program, and I will not hold the Town of Limon, or any of their agents or volunteers liable for such injury. Any emergency medical attention the supervisor of this activity deems necessary may be given by a competent provider, if the guardian listed below cannot be contacted immediately.

Participant's Name: _____ Grade _____ D.O.B. _____

Parent or Guardian's Signature: _____ Date _____

Home Phone: _____ Cell: _____ Address: _____

Email Address: _____

Physical Address: _____

Shirt Size Please Circle: Youth or Adult Small Medium Large

PARENT VOLUNTEER _____