

Mt. Sterling/Montgomery Co Parks and Recreation
SOCCER REGISTRATION

ABSOLUTELY NO REFUNDS
YOUTH SOCCER REGISTRATION
PRICE \$50/45/40/35/30/25/20/15/10

NAME: _____ AGE ON 7/31/09: _____ MALE/FEMALE (CIRCLE ONE)

BIRTHDATE: _____ PHONE: _____ EMER. PHONE: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

LEAGUE:

_____ UNDER 6 NEW _____ RETURNING _____ TEAM _____

_____ UNDER 8 NEW _____ RETURNING _____ TEAM _____

_____ UNDER 10 NEW _____ RETURNING _____ TEAM _____

_____ UNDER 12 NEW _____ RETURNING _____ TEAM _____

_____ UNDER 14 NEW _____ RETURNING _____ TEAM _____

SHIRT SELECTION:

_____ ADULT SM.	_____ YOUTH SMALL	BE SURE TO ORDER THE CORRECT SIZE, THERE WILL BE A \$10 FEE TO REORDER FOR SIZING!
_____ ADULT MED.	_____ YOUTH MED	
_____ ADULT LARGE	_____ YOUTH LARGE	
_____ ADULT X-LARGE		

PERMISSION IS GRANTED FOR MY CHILD TO PARTICIPATE IN THE MONTGOMERY COUNTY YOUTH SOCCER LEAGUE.

I DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS MT. STERLING/MONTGOMERY COUNTY RECREATION COMMISSION ORGANIZER, SPONSORS, SUPERVISORS, COACHES AND PARTICIPANTS FROM ANY CLAIM ARISING OUT OF INJURY TO MY CHILD AS A RESULT OF ANY CAUSE. I UNDERSTAND IT IS MY RESPONSIBILITY TO PROVIDE TRANSPORTATION TO AND FROM SCHEDULED PRACTICES AND GAMES. PARTICIPANTS ARE COVERED BY PARKS AND RECREATION INSURANCE ONLY WHILE PLAYING IN PROGRAMS SPONSORED BY THE COMMISSION.

NO REQUEST FOR PLACEMENT OF TEAMS, COACHES, PLAYERS, PRACTICE TIMES, ETC. WILL BE HONORED, BY SIGNING BELOW YOU UNDERSTAND THIS RULE.

PARENT/GUARDIAN _____ DATE _____

DO YOU HAVE A BROTHER OR SISTER PARTICIPATING IN THE SAME LEAGUE FOR WHICH YOU ARE REGISTERING? IF SO, WHAT TEAM? _____

WOULD YOU LIKE TO COACH A SOCCER TEAM? _____

PARENTS' NAMES: _____

