

SOCCER



KINDERGARTEN THROUGH 6TH GRADE

NAME _____

PHONE _____

ADDRESS _____

EMAIL _____

CITY _____

MALE/FEMALE - PLEASE CIRCLE

BIRTHDATE _____

GRADE _____

PARENT/GUARDIAN _____

SHIRT SIZE - YS YM YL AS AM AL XL

DID YOU PLAY LAST YEAR? _____

I WOULD LIKE TO: COACH _____ ASSIST _____ REFEREE _____

PARENT AUTHORIZATION: I CERTIFY THAT MY SON OR DAUGHTER IS IN GOOD PHYSICAL HEALTH AND CAN PARTICIPATE IN SOCCER. IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE COACH TO SECURE PROPER TREATMENT AND/OR HOSPITALIZE MY SON OR DAUGHTER. I UNDERSTAND THAT THE FALL SOCCER LEAGUE DOES NOT PROVIDE MEDICAL INSURANCE AND THAT I AM RESPONSIBLE FOR MY CHILD'S MEDICAL EXPENSES. IN CONSIDERATION OF THIS REGISTRATION, BOTH THE PARTICIPANT AND PARENT/GUARDIAN EACH ACKNOWLEDGE THAT PARTICIPATION IS AT THE PARTICIPANT'S SOLE RISK AND EACH AGREE TO HOLD HARMLESS THE CITY OF SABETHA, THE SABETHA PARKS AND REC DEPARTMENT, THE LEAGUE DIRECTOR AND ALL EMPLOYEES/VOLUNTEERS OF SAID AGENCIES.

PARENT/GUARDIAN SIGNATURE

PLEASE RETURN THIS REGISTRATION FORM, ALONG WITH THE \$15 FEE TO THE PARKS & REC DEPARTMENT BY AUGUST 15, 2016. MAXIMUM FEE PER FAMILY IS \$30. IF REGISTRATION IS NOT MADE ON OR BEFORE AUGUST 15TH, THE FEE TO PARTICIPATE IS \$20 PER PLAYER, NO MAXIMUM. MAKE CHECKS PAYABLE TO THE CITY OF SABETHA. GAMES WILL START SEPTEMBER 10, 2016.

Sabetha Parks and Rec Dept. 805 Main, PO Box 187

785-284-2158