



2017 Youth Soccer Registration Form



Player Information (Please print and record name as it appears on birth certificate)

SEX M / F

First Name, Middle Name, Last Name

ADDRESS CITY ZIP

PHONE BIRTHDATE (MO/DA/YR)

AGE as of Sept 1, 2016 CURRENT GRADE MEDICAL INFORMATION

I am registering my child for the following league division (check one):

___ Ages 6-8 Girls ___ Ages 9-12 Girls ___ Ages 6-8 Boys ___ Ages 9-12 Boys

September 1 is the cutoff date for all participant birthdates. MUST HAVE BIRTH CERTIFICATE.

*Note - Travel may be involved for all age groups depending on number of teams

Registration Fee of \$45.00 Paid by: () Check # () Cash \$ Make check payable to City of Hardeeville

Shirt Size: (Check One) YS YM YL AS AM AL AXL

Short Size: (Check One) YS YM YL AS AM AL AXL

Would you be willing to coach – each coach will receive one 1/2 price registration? YES NO (please circle one)

Father Information (or legal guardian)

Mother Information

NAME

NAME

ADDRESS

ADDRESS

CITY, STATE, ZIP

CITY, STATE, ZIP

PHONE (h) (cell)

PHONE (h) (cell)

EMAIL

EMAIL

Preferred way of getting information (circle one): Call (number:) Text (number:) Email (address:)

I. In consideration of the 2016/17 season, I, Parent or Guardian, of the above named candidate for a position in above mentioned Basketball program, hereby give approval for his or her participation in activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the local league organization, the organizers, sponsors, supervisors, participants and persons from any claim arising out of an injury to the boy/girl. I also grant permission to managing personnel or other league representatives to authorize medical care from any licensed physician, hospital, or medical clinic should the boy/girl become ill, when neither parent is available to grant authorization for emergency treatment. I agree to return upon request equipment issued to the boy/girl in as good a condition as when received except for normal wear and tear. I will furnish a certified birth certificate of the above named candidate upon request by league officials.

II. PARENTAL/GAURDIAN SUPPORT...

___ I agree to volunteer my time at the discretion of the league organizers on my team's assigned days OR

___ I choose not to volunteer and plan to pay the additional fee of \$50.00

By signing below, I acknowledge that I have read and agree to Items I. and II. above.

X _____

PARENT/GUARDIAN SIGNATURE DATE

