



PLAYER REGISTRATION FORM

PLEASE FILL OUT ALL INFORMATION

Please circle the sport that you are registering for:

Soccer Football Cheer

PLAYER INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth (MM/DD/YY): _____ Gender: M F

School: _____ Grade: _____ Did you play in the league last year? Yes No

Last Year Team: _____ Years Played: _____ Shirt size: _____

Emergency Contact: _____ Phone: _____

List any medical conditions that player has that could affect participation: _____

Player's Physician: _____ Phone: _____

PRIMARY GUARDIAN

Guardian Type: Father Mother Other/Legal

First Name: _____ Last Name: _____

Company & Occupation: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Do you receive text messages on this phone? Yes No

Parental Support: We ask for active participation of all parents in our program. Check area(s) in which you would be willing to help.

Coach Asst. Coach Referee Field Preparation Concessions

SECONDARY GUARDIAN

Guardian Type: Father Mother Other/Legal SAME ADDRESS AS PRIMARY

First Name: _____ Last Name: _____

Company & Occupation: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Do you receive texts messages on this phone? Yes No

Parental Support: We ask for active participation of all parents in our program. Check area(s) in which you would be willing to help.

Coach Asst. Coach Referee Field Preparation Concessions

PLEASE FILL OUT BOTH SIDES OF THIS FORM

Football and Cheer:

ARE YOU WILLING TO TRAVEL ON SATURDAY'S FOR LEAGUE OUT OF TOWN GAMES?

YES

NO

MAYBE

We, the registrant and the registrant's legal parent or guardian, hereby agree and acknowledge the following: The Vinton Youth Soccer Program is completely voluntary, and participation solely determined by free choice and desire of each individual participant. Since the Recreation Center is not responsible for injuries incurred during any recreational activities, it is strongly recommended that participants have a satisfactory health status and appropriate personal accidental insurance coverage for any injury which might occur during participation in the Vinton Youth Programs. The Recreation Center cannot carry insurance on players of organized sports or on volunteer workers.

This certifies that I know and understand the risk and hazards that are associated with any sport and understand that injuries which could occur; such as CONCUSSION, HEAD AND NECK INJURIES, BONE INJURIES SUCH AS BROKE ARM, LEG, ANKLE, NOSE ETC., TORN MUSCLES AND LIGAMENTS, KNEE INJURIES, AND EVEN ACCIDENTAL DEATH in some unusual circumstances. Understanding all the risks involved, my child and I release the Vinton Recreation Center, all coaches, Recreation Center workers, Recreation Board Members, and all persons involved with the sport program from any legal actions and any hospital or doctor bill that might occur during this event. I give my child permission to participate.

Signature	Date
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I grant the WARD 7 RECREATION CENTER, its representatives and volunteers the right to take photographs of myself and my child during any sporting/social event.

I agree that WARD 7 RECREATION CENTER may use such photographs of me or my child with or without our names and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web use.

Signature	Date
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OFFICE USE ONLY:

Registration Fee: _____

Late Fee: _____

Total: _____

Paid: Cash Check Money Order: Received by: _____