

CITY OF GARNETT RECREATION
K – 6th YOUTH OUTDOOR SOCCER

Youth Outdoor Soccer is a program that is offered for kids that are in the grades of K-6th. This soccer league is an instructional league to develop soccer skills. Age groups will depend on the number of players but tentatively will be K-1st, 2nd-3rd, 4th-6th. Games are tentatively set for Thursday evenings and Saturday mornings. Complete this registration form and return it along with the registration fee to the GARNETT RECREATION CENTER. All registrations must be signed by a parent or legal guardian – NO EXCEPTIONS! If there are any questions, please feel free to contact Phil Bures at City Hall (785) 448-5496.

The City of Garnett recognizes the need within our community to provide assistance to residents who do not have the financial resources to participate in the fee-based services we provide. Financial aid is available for those requesting assistance with Recreation youth programs. For more information contact Phil Bures at City Hall (785) 448-5496.

***Remember in order for any program to be successful there is always a need for coaches. The City of Garnett appreciates all of the time that the coaches volunteer themselves for to help any program! ***

REGISTRATION FEE: \$30 PER KID.
(NO LATE REGISTRATIONS WILL BE ACCEPTED)
REGISTRATION DEADLINE: FEBRUARY 26, 2017

CITY OF GARNETT RECREATION PARENT/GUARDIAN CONSENT FORM AND MEDICAL TREATMENT AUTHORIZATION

NAME OF CHILD _____ MAILING ADDRESS _____
STREET ADDRESS _____ CITY _____
HOME PHONE _____ CELL PHONE _____ WORK PHONE _____
SEX: MALE/FEMALE (Circle One) DATE OF BIRTH: ___/___/___ AGE: ___
GRADE: _____ EMAIL: _____

JERSEY SIZE: Youth X-Small Youth Small Youth Medium Youth Large
(Circle One) Adult Small Adult Medium Adult Large Adult XLarge

WOULD YOU BE WILLING TO COACH A TEAM: YES () NO ()
WOULD YOU BE WILLING TO ASSIST A TEAM: YES () NO ()

Parent's Name: _____ Phone: _____
Please list any medical conditions: _____

TO WHOM IT MAY CONCERN: In the event that the above named child is taken to an emergency room or medical care facility in my absence from attendance of soccer at any time during the entire season, my child's team coaches, or any member of the Garnett Recreation staff, has my consent to authorize treatment for this child by a doctor(s) and/or medical personnel which may be deemed necessary.

I, the undersigned, do hereby acknowledge that I have given my child permission to participate in soccer with full knowledge of the risks involved and I hereby agree to assume those risks and to hold the City of Garnett, all of their officers, employees, coaches, officials, volunteers and team sponsors free from liability for any injury, harm or complication of any kind.

Furthermore, I do understand that accident insurance is NOT provided by, and I hereby agree to assume full responsibility for any and all expenses resulting from any accidents or injuries suffered by the above named child while participating in soccer.

“The City of Garnett does not discriminate against any person on the basis of race, color, national origin, or handicap in the operation of any program, activity, or facility.”

SIGNATURE: _____
RELATIONSHIP: _____ DATE: _____

Go to www.rainedout.com and search for City of Garnett Recreation, and receive texts about Garnett Recreation program updates and game cancellations.