

Phelps Community Center



Fall Soccer League

Boys and Girls

Ages 5-12

**Volunteer
Coaches
Needed!!!**

Season Starts: August 22, 2017 Runs through October 5, 2017
Signup: @Phelps Community Center Main office until August 7, 2017

Days: Tuesday's and Thursday's

Contact: Bill Krise 315-548-8484 or Email Bill@phelpsc.org
with any Questions

Cost: \$40.00 Per Player



Phelps Community Center 5-6, 7-9,10-12, Boys and Girls Soccer League Registration Form (Please Print)

Child _____ T-shirt Size Youth size (Circle one) S M L XL Adult size S M L XL
 Last First Nickname _____

AGE: _____ BIRTHDATE: ____/____/____ Male _____ Female _____ Height: _____ Weight: _____

Special Needs/Comments _____

ADDRESS: _____
 Street City Zip code _____

Mother/Guardian: _____ Home#) _____ Work#) _____ Cell/Pager _____

Father/Guardian: _____ Home #) _____ Work#) _____ Cell/Pager# _____

PRIMARY E-MAIL ADDRESS: _____

Emergency Contact: _____ Home #) _____ Work #) _____

Volunteer coaches needed:

NAME:	First	Last	Phone Number
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Check the division of your choice: (please Circle) \$40.00 per player

- 5-6 ages
- 7-9 ages
- 10-12 ages

Request for Permission: I, the above referenced youth athlete's parent/guardian, hereby register my child to participate in the above listed activity. **Assumption of Risk of Injury:** I acknowledge and understand that there is a risk of injury involved in athletic participation. I understand that my child will be under the supervision and direction of a Phelps Community Center. I agree to follow the rules for the sport and the instructions of the coach in order to reduce the risk of injury to my child and other athletes. However, I acknowledge and understand that the coach can't eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and in some cases may result in permanent disability or even death. I freely, knowingly, and willfully accept and assume the risk of injury that might occur from my child's participation in the Lacrosse League. **Release:** In consideration of the Phelps Community Center allowing my child to participate in sports league, I hereby agree to release, waive, discharge, covenant not to sue, hold harmless, and indemnify, on behalf of myself and any other parent or guardian of my child, the Phelps Community Center, and their respective staff, agents, employees, directors, members, officers and other staff members from liability to us and our child, as well as personal representatives, assigns, heirs and next of kin, for any and all claims, suits or causes of action arising from or out of any injury, known or unknown, to property or body, that my child may suffer from participation in PCC league, activities, field trips or the above-described sports camp; and do hereby expressly assume the risk of injury associated with participation in said sports activities. **Photographs:** Photographs will occasionally be taken of the children during the sports activities. By signing this registration form, I consent to the use of pictures of my child for displays, brochures, and promotional materials with no compensation to me or my child. **Parent Initials:** _____
Transportation: Parents are responsible for providing transportation for their child to and from League. **Certification of Child's Fitness and Medical Authorization:** I, the undersigned, hereby certify that to the best of my knowledge, my child is physically able to safely participate in the sports activity for which he or she has been registered. In addition, I understand that in the case of the illness or injury of my child the Center will try to notify me or the emergency contact listed on this form. In the event of a medical emergency concerning my child at a time when either I or the emergency contact person cannot be notified, I hereby authorize Center officials or my child's coach to obtain the necessary medical care and/or treatment for my child, including, but not limited to first aid, X-ray Examinations, and aesthetic, medical or surgical diagnosis or treatment or hospital care and I hereby accept the sole financial responsibility for such medical care, first aid or Treatment.

Name of insurance company: _____ **Insurance Policy Number:** _____

If your child has any allergies, asthmatic conditions or any other medical issue the PCC should be aware of. Please list:

IN WITNESS WHEREOF, I have executed this Permission, Waiver/Release and Medical Certification for with full knowledge of its contents on this the _____ / _____, 20____.

Parent/Guardian Signature and Print Parent/Guardian Name _____

For Office Use Only:
 Date Registered: ____/____/____ Registered By: _____ Amount: _____