



# POLK COUNTY PARKS & RECREATION

## Youth Soccer - Fall 2019

Registration is June 3rd-August 2nd

Season runs September-October

All Leagues are co-ed.

Office Use Only

Date \_\_\_\_\_

Paid by: \_\_\_\_\_

Cash \_\_\_\_\_

Check# \_\_\_\_\_

Amount \_\_\_\_\_

eTrak \_\_\_\_\_

### Select a League:

Wee Booters (4-5 yrs old)

Ages 8 and Under

Ages 10 and Under

Ages 12 and Under

REGISTRATION IS \$40.00 PER CHILD

Fees received after Aug. 23rd will be charged a \$5 late fee

Multi-child discount starts with 3rd child; \$10 off

Registration fee is non refundable

May be mailed to PO Box 308, Columbus, NC 28722

Make checks payable to Polk County Recreation

PLEASE PRINT or TYPE:

CHILD'S NAME \_\_\_\_\_ GENDER \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**SEASONS** OF SOCCER EXPERIENCE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIPCODE \_\_\_\_\_

PRIMARY CELL PHONE \_\_\_\_\_ ADDITIONAL CELL or HOME Ph. \_\_\_\_\_

PARENT/GUARDIAN'S NAME (please print) \_\_\_\_\_

DO YOU WISH TO COACH?\* YES NO Assist?

\* Coaches MUST undergo background check, please provide copy of driver's license

### T-Shirt Size: (Please order size UP if unsure)

Youth Ex. Small

Youth Small

Youth Medium

Youth Large

Adult Small

Adult Medium

Adult Large

Adult Extra Large

### Liability Waiver/Sportsmanship Policy

This is to certify that \_\_\_\_\_ has my permission to participate as a player in the Polk County Recreation soccer league. We have full knowledge of the risk of competition and release any parties for injuries received. We agree that the purpose of this league is for participants to enjoy and learn the game and understand that we value good sportsmanship and total participation. We will not taunt or harass the officials, coaches or players and understand that we will be asked to leave the premises and that my child's team may forfeit the game unless we comply with the rules. IN CASE OF MEDICAL EMERGENCY, I understand every effort will be made to contact me. In the event that I cannot be reached, I give permission to the adult in charge to secure proper treatment for my child.

### Photo/Video Permission

I grant permission to allow my child's name, photo, video recording and/or other item(s) to be used in the discretion of the Recreation Department for promoting programs operated or sponsored by the department.

I do NOT grant permission to allow my child's name, photo, video recording and/or other item(s) to be used in the discretion of the Recreation Department for promoting programs operated or sponsored by the department.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

**Teams will be determined at drafts. No requests will be guaranteed.**