

SOCCER 2010-2011 REGISTRATION FORM

PROGRAM NAME / ACTIVITY NUMBER: _____ SECTION _____ FEE: \$ _____

PARTICIPANT INFORMATION:

NAME: _____
FIRST LAST MI

ADDRESS: _____
HOUSE# STREET CITY ZIP

AGE: _____ BIRTHDATE: ____/____/____ GRADE LEVEL: _____ SEX: MALE FEMALE

FATHER - _____
NAME HOME PHONE WORK / CELL EMAIL ADDRESS

MOTHER - _____
NAME HOME PHONE WORK / CELL EMAIL ADDRESS

I will coach or assistant coach _____ Email address _____

UNIFORM INFORMATION: SHIRT SIZE requested on this form is used as a GUIDLINE for ordering.

SHIRT SIZE IF APPLICABLE (CIRCLE ONE)	YOUTH	SM, MED, LG, XL	ADULT	SM, MED, LG, XL
PANT/SHORT SIZE IF APPLICABLE (CIRCLE ONE)	YOUTH	SM, MED, LG, XL	ADULT	SM, MED, LG, XL
COACH SHIRT SIZE (IF COACHING)			ADULT	SM, MED, LG, XL

Please indicate any special requests in the box below. All requests must be made in writing at the time of registration. Please note that these are NOT GUARANTEED and refunds are not given if requests are not able to be granted.

Player/Practice/Coach Requests

Check Appropriate Box

- MEDICAL DENIAL:** I do not give my consent for any emergency medical treatment or transfer to any medical facility. In case of emergency I wish the following action to be taken: _____
- MEDICAL RELEASE:** In the event of an emergency and if all reasonable attempts to reach parents at the above phone numbers is unsuccessful, I hereby give my consent for the administration of emergency treatment and/or to transfer participant/child to the closest emergency medical facility. The emergency medical personnel should be aware of the following information:

PLEASE LIST ANY MEDICAL CONDITIONS/ALLERGIES _____

REFUND POLICY: If the Recreation Department cancels a class, each participant will receive a full refund. If a participant wishes to cancel their enrollment in a program, the request must be made 5 days before the start date of the program. Participant may receive a full credit to their account or a check can be issued less a \$5 administrative fee. No refunds or credits will be issued if a refund request is made less than 5 days before the start date of the program. In the case of programs that require team assignments such as baseball, soccer, or basketball, no refunds will be given after the Registration Deadline.

PARTICIPATION CONSENT: The undersigned being a participant or being a parent or legal guardian for the above named participant who has registered in a Broadview Heights Parks & Recreation program, hereby gives approval to his/her participation in the recreation program listed above. In consideration of the City of Broadview Heights and the Department of Parks & Recreation granting permission to my child to engage in such recreation activity, the undersigned on my behalf and on the behalf of the participant does hereby waive, release, save, and hold harmless and indemnify the city of Broadview Heights, the Parks & Recreation Department, its officers, organizers, employees, agents, sponsors, and./or persons transporting the participant to or from such recreational activity from any or all claims for damage for personal injury to the participant or loss of property which may be caused by any act or failure to act on any person including but not limited to the City of Broadview Heights, the Parks & Recreation Department, its officers, organizers, employees, agents, sponsors, and/or persons transporting the participant to or from such recreational activity. The undersigned further assumes the risk of all dangerous conditions in and about the City of Broadview Heights and its Parks & Recreation Department property both real and personal and waive any and all specified notice of the existence of such dangerous conditions, if any. By participating in or attending and Parks and Recreation events I agree to allow publication of any photograph taken of myself/my child for advertising purposes.

PARENT/LEGAL GUARDIAN SIGNATURE: _____ DATE: ____/____/____

A \$25 FEE WILL BE CHARGED ON ANY CHECK THAT IS RETURNED FOR INSUFFICIENT FUNDS

OFFICE USE ONLY Total Fee Paid: _____ Payment type: _____ Received By: _____ RecTrac Entry By: _____