

**PEMBERTON RECREATION
2016 YOUTH INDOOR SOCCER
REGISTRATION FORM**



PLEASE PRINT - USE ONE FORM PER PARTICIPANT

Player's Name: _____ MALE or FEMALE (Circle One)

Age: _____ Birth Date: _____ Current Grade: _____

Parent/Guardian Names: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact Name: _____ Phone Number: _____

Medical Concerns: _____

Does the Registrant have a sibling in the program? YES NO

If yes, their name and current grade? _____

Does the registered child have any soccer experience? Check all that apply:

- No Experience Indoor Soccer Recreation (Outdoor) Travel Other

Are you interested in coaching your child's team?

Head coaches will receive 50% off of their child's registration fee @ the end of the season Please select one:

- YES – Head Coach YES – Assistant Coach NO – I do not want to coach

T-shirt size (Please note that some shrinking will occur after initial wash):

- Youth Small Youth Medium Youth Large Youth X-Large
 Adult Small Adult Medium Adult Large Adult X-Large Adult XX-Large

**I HEREBY GIVE PEMBERTON RECREATION PERMISSION FOR
MY CHILD TO APPEAR IN ANY MEDIA COVERAGE THAT IS
APPROVED BY THE RECREATION DEPARTMENT:**

YES NO

(Player's Name) _____ has my permission to participate in all activities of the above registered program. I understand that proper supervision is provided for all programs. In case of emergency, I authorize the program personnel to administer first aid treatment, to secure services of a physician, to transport me/my child to the nearest medical facility for treatment & try to notify me/my emergency contact. In the event of injury due to accidents beyond their control, I agree to release and hold harmless the Township of Pemberton, its supervisors, employees and all program volunteers, as well as other persons connected with Pemberton Township, from all liability relating to personal injury or property damage that I/my child may sustain by reason on my/our participation in, equipment or facilities therein.

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date of Payment: _____ Cash: _____ Check Number: _____ Money Order: _____

Received By: _____ Notes: _____