



**PEMBERTON RECREATION  
YOUTH INDOOR SOCCER  
REGISTRATION FORM**

**\$40/Resident \$50/Non-Resident**

**Deadline: November 30<sup>th</sup> at 4:30pm**

**Players will be placed on a waiting list after this date & will be contacted if & when a spot becomes available in his/her division**

**Player's Name:** \_\_\_\_\_ **MALE or FEMALE (Circle One)**

**Age:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_

**Parent/Guardian Names:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home 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?** \_\_\_\_\_

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

- No Experience       Indoor Soccer       Recreation (Outdoor)       Travel       Other

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**Are you interested in coaching your child's team?**

**Head coaches will receive 50% off of their child's registration fee Please select one:**

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

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

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

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(Player's Name) \_\_\_\_\_ has my permission to participate in all activities and media coverage 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:** \_\_\_\_\_