

Prattville Parks and Recreation Department

FALL SOCCER



Return Address
101 West Main Street
Prattville, AL 36067

Shirt Size _____

Please indicate youth or adult size
If you do not specify a shirt size your
child will receive the most common
Shirt size for his/her age group

Participants Name RETURNING PLAYER ()
Male () Female ()

Address (P.O. # and/or street) City Zip

To be filled out by parent or guardian

Birthday: _____ Today's Age: _____
Month Date Year

SPECIAL NOTE: _____

Mother's Name () () E-mail _____
Cell Phone Home Phone

Father's Name () () E-mail: _____
Cell Phone Home Phone

PREFER TO BE CONTACTED BY; PLEASE MARK WITH AN (X): Cell Phone ____ Home Phone ____ or E-mail ____
ALL COACHES WILL HAVE TO PASS A BACKGROUND CHECK.

I would like to volunteer in this program as:

PHOTO POLICY-

Head Coach: ____ Assistant Coach: ____ Photos are periodically taken of participants in our Programs. These photos may be used in our brochures. If you do not want to be a part of this photo policy please advise.

Waiver of Liability

I, the undersigned, understand and acknowledge that participating in a recreational activity can be hazardous and I realize that no one should enter into a recreational activity unless the participant is medically able. I/We assume all risks associated with this activity including, but not limited to: falls, contact with other participants or equipment, effect of weather, equipment failure, and condition of the playing area. I fully understand that it is my responsibility to ascertain if this specific activity contains other elements of risk that could prove to be harmful to a participant. Having read this waiver and in consideration of acceptance of my entry into the program, I and everyone entitled to act on my behalf waive and release the City of Prattville, The Parks and Recreation Department, its co-sponsors, their representatives and successors from all claims and liabilities of any kind arising out of my participation or my child's participation in this activity.

Signature: _____ Today's Date: _____

Of participant (age 18 and over)
Of Parent or Guardian (if under age 18)

****PLEASE READ INFORMATION ON BACK OF FORM****

Office Use Only

Non City Limits \$ _____
Resident Fee: \$ _____ Total Paid: \$ _____ Cash: \$ _____ Check: _____ Credit Card Rec _____
Received By: _____ Date: _____

Look at the sample Soccer Shirt and make sure the correct shirt size is placed on the registration form this is the size that will be ordered.

Please make sure correct age and year is on the registration form. Soccer Participants will play with the age group they are as of **July 31st** of the current year. Soccer Participants can play up in an older age group (if requested before the teams have been drawn) but not in a younger age group. To play up in an older age group the request must be made at the time of Registration.

No Requesting of a Specific Coach or Players to be placed on the Same Team for Transportation. Siblings if same age will be placed on the same team.

Practice dates and times are chosen by the coaches there is no guarantee that your child/children in different age groups will have the same practice days, times or game times.

We do not schedule practices on Wednesdays. If you are aware of a day you cannot practice due to other obligations, please advise upon registration and if possible during the coaches meeting we will try to accommodate this request.

Registration Fee Due When Registering: \$50.00 per child (additional \$10.00 per child non-city limits residents)

Registration Deadline: August 12, 2016

Practices start the week of August 22, 2016

Games start September 17, 2016