



Peach County Parks & Recreation Department Registration Form **SOCCER**



CHILD'S NAME _____ AS OF AGE (9/1) _____


STREET ADDRESS _____ PHONE: #1 _____

CITY _____ ZIP _____ #2 _____

COUNTY CHILD RESIDES IN: _____ EMAIL: _____

DATE OF BIRTH: MONTH _____ DAY _____ YEAR _____ SEX M F

SCHOOL _____ GRADE _____

CHOOSE

ONE SIZE

SHIRT SIZE (Circle One) :

YOUTH or ADULT

XS	S	M	L	S	M	L	XL	XXL
2-4	6-8	10-12	14-16	34-36	38-40	42-44	46-48	50-52

If no selection is made, the average size for your child's age group will be ordered

HAVE YOU PLAYED ORGANIZED SOCCER BEFORE? Y N

DO YOU HAVE A BROTHER OR SISTER PLAYING IN THE SAME LEAGUE & AGE GROUP? Y N

If yes, name(s) and age(s): _____

We, the parents of the above named child, hereby give our approval for his/her participation in the above named activity during the current season. We assume all risks incidental to the conduct of the activity and transportation to and from the activities. We do hereby release, absolve and hold harmless the Peach County Parks and Recreation Department, the organizers of the activity, sponsors, supervisors, and anyone connected with the program. In case of injury to my child, I hereby waive all claims against the organizers and supervisors of the activity. We agree to assume responsibility for any equipment issued to the above named child and see that it is returned at a time requested by the Parks and Recreation Department.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENT.

"I CERTIFY THAT THE FACTS CONTAINED IN THIS REGISTRATION FORM ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND THAT FALSIFIED STATEMENTS ON THIS FORM WILL RESULT IN DISMISSAL FROM THE PROGRAM AND FORFEITURE OF REGISTRATION FEES."

"I further understand that NO REFUNDS are given (except in specific circumstances) if my child does not complete the season. I agree to inform my child's coach if he/she is unable to attend a practice or game and that, in the event of missing more than two consecutive practices/games without prior notification, my child may be replaced on his/her team."

**I HAVE READ AND AGREE TO ABIDE BY THE SPECTATOR'S CODE OF ETHICS,
WAIVER OF PICTURE/AGREEMENT AND CONCUSSION DISCLOSURE**

RECEIPT # _____

OKAYED BY _____

FEE: \$40

For Office Use only

(INITIALS) _____

PARENT OR GUARDIAN SIGNATURE DATE

IF INTERESTED IN COACHING, ASK FOR APPLICATION
recreation@peachcounty.net