

Age / Gender: _____

Insurance _____
*** Office Use Only ***

Receipt #: _____

Pleasant Garden Youth Soccer Program
Sponsored by the Town of Pleasant Garden
REGISTRATION FORM

*****NO LATE REGISTRATION FEES*****

Player Information: Birthday ___/___/___ Age ___ (as of opening day- September 12)
___ Male ___ Female

Has your child played soccer before? (Y/N) ___ **If yes, how many seasons?** ___

T-shirt Size: Circle One - YOUTH: S M L ADULT: S M L XL

Player's Name _____ Phone # _____ / _____

Player's Address _____ City _____ Zip _____

Father's Name _____ Father's Work # _____

Mother's Name _____ Mother's Work # _____

***** Medical / Health / Insurance Information *****

- | | | |
|-------|-------|---|
| NO | YES | (If yes, please describe in area below:) |
| _____ | _____ | Heart trouble, a heart murmur, or heart attack |
| _____ | _____ | Bouts or irregular or uneven heart action |
| _____ | _____ | High blood pressure |
| _____ | _____ | chronic condition needing special care, e.g. insulin diabetes |
| _____ | _____ | Surgery within past 3 months |
| _____ | _____ | High blood cholesterol and/or Triglycerides |
| _____ | _____ | Pain or pressure in your chest, neck, shoulder or arm |
| _____ | _____ | Allergic to any drugs / bee stings, etc. |
| _____ | _____ | Asthma, breathing problems |
| _____ | _____ | Currently taking any prescription drugs |

Other emergency contact: (Required)

Name

Phone number

Family Doctor

Phone number

Insurance Policy Name / Number

NOTE: If your child wears glasses, he/she must wear safety glasses or plastic frames. No wire rim glasses are allowed.
Other: _____

- **EACH PARTICIPATING CHILD IS REQUIRED TO HAVE INSURANCE COVERAGE.**
- **If your child is not covered by an accident insurance policy, you must purchase supplemental insurance coverage through Standard Life Insurance Company at a cost of \$10. This policy covers the child from April 1, 2009 – March 31, 2010. [NOTE: If you pay \$10 in the Spring season your child is covered to play in the Fall season without paying again.]**

I elect NOT to purchase accident insurance because above named child is insured by _____ Insurance Company.

I would like to purchase supplemental insurance through Standard Life Insurance Co. (\$10 for Spring & Fall 2009 season coverage – payable to Town of Pleasant Garden.)

Indicate which day(s) you would prefer to practice:

Monday Tuesday Thursday Friday No Preference

Every effort will be made to coordinate sibling schedules. **NO** other special requests will be accepted.

\$45 for each player per season

- Players must be at least 4 years old, but no older than 17 years, on opening day of the season – September 12, 2009.
- Mail the completed form and a check or money order to P. O. Box 307, Pleasant Garden, NC 27313.
- Cash, check or money order will be accepted at the Town Hall at 4920 Alliance Church Road, Pleasant Garden.
- Games & practices will be held at the municipal soccer fields at 4920 Alliance Church Road.
- **NO PRACTICES OR GAMES WILL BE HELD ON WEDNESDAYS OR SUNDAYS!**
- **GAMES ARE HELD EVERY SATURDAY FROM September 12- October 31!**

***** ON-SITE REGISTRATION SCHEDULE *****

SATURDAY, July 25 / 9:00 AM – 2:00 PM
SATURDAY, August 1, 2009 / 9:00 AM – 2:00 PM
SATURDAY, August 8, 2009 / 9:00 AM – 2:00 PM

- Registration forms and payment will be accepted from July 1 through the last on-site sign-up day at the Town Hall Municipal Building on Saturday, August 8, 2009.

NOTE: ABSOLUTELY NO FORM WILL BE ACCEPTED AND NO ONE WILL BE REGISTERED AFTER AUGUST 15, 2009.

Return this form **POSTMARKED BY NO LATER THAN AUGUST 15, 2009** with cash, a money order, or a check made out to the **Town of Pleasant Garden**.

***** Parental Permission and Release of Liability *****

I/we, the parents of the above named minor, by signing below, do hereby authorize the Town of Pleasant Garden, hereinafter "Agent", for and on behalf of the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital, during all times that the Minor is in the presence of said Agent. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

I/We, by signing below, agree to indemnify, hold free and harmless, assume liability for, and defend the Town of Pleasant Garden, its agents, servants, employees, officers, and directors from any and all costs and expenses including but not limited to, attorney's fees, reasonable investigative and discovery costs, court costs, and all other sums for any claim or action founded thereon, arising or alleged to have arisen out of _____ (child's name) use of the real or personal property belonging to or used by Agent while Minor is in the presence of Agent.

PARENT SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____

***** Volunteer Information *****

NAME _____ PHONE # _____

ADDRESS _____ CITY / STATE / ZIP _____

I am able to serve as a _____ Coach _____ Asst. Coach _____ Referee

Please note the age you are willing to work with: _____