

Age / Gender: \_\_\_\_\_

Insurance \_\_\_\_\_  
\*\*\* Office Use Only \*\*\*

Receipt #: \_\_\_\_\_

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

Player Information: Birthday \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ (**as of opening day- April 10**)  
\_\_\_ 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
_____

Other medical conditions not listed: \_\_\_\_\_

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

- **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, 2010 – March 31, 2011. [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 2010 season coverage – payable to Town of Pleasant Garden.)

Indicate which day(s) you would prefer to practice. **\*\*NO GUARANTEES ON CHOICES\*\***

Can Practice :

Cannot Practice:

Siblings:

Monday

Monday

\_\_\_\_\_ Age \_\_\_ M \_\_\_ F \_\_\_

Tuesday

Tuesday

Thursday

Thursday

\_\_\_\_\_ Age \_\_\_ M \_\_\_ F \_\_\_

Friday

Friday

No Preference

No Preference

\_\_\_\_\_ Age \_\_\_ M \_\_\_ F \_\_\_

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 – April 10, 2010.**
- **NO PRACTICES OR GAMES WILL BE HELD ON WEDNESDAYS OR SUNDAYS!**
- **GAMES ARE HELD EVERY SATURDAY FROM April 10- June 5!**

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

**SATURDAY, February 20, 2010 / 9:00 AM – 2:00 PM**

**SATURDAY, February 27, 2010 / 9:00 AM – 2:00 PM**

**SATURDAY, March 6, 2010 / 9:00 AM – 2:00 PM**

**NOTE: DEADLINE DATE FOR REGISTRATION FORMS IS SATURDAY, MARCH 6.**

 **Mail the completed form and a check or money payable to Town of Pleasant Garden, P. O. Box 307, Pleasant Garden, NC 27313. POSTMARKED NO LATER THAN MARCH 6, 2010**

**Registration forms and payment will be accepted from **February 1, 2010** through the last on-site sign-up day at the Town Hall Municipal Building on **Saturday, March 6, 2010.****

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

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