

Age / Gender: \_\_\_\_\_ Insurance purchased? \_\_\_\_\_ Receipt #: \_\_\_\_\_

**\*\*\* Do not write in this section -- to be completed by town staff/volunteers. \*\*\*  
DO NOT STAPLE FORMS**

**REGISTRATION FORM**  
**Pleasant Garden Youth Soccer Program**  
Sponsored by the Town of Pleasant Garden  
Registration fee is \$45 per child - **\*\*NO REFUNDS\*\***

**Player Information:** Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ (as of closing day- May 19)  
\_\_\_\_ 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 \_\_\_\_\_ Work # \_\_\_\_\_ Mother's Name \_\_\_\_\_ Work # \_\_\_\_\_

**\*\*PREFERRED PHONE NUMBER FOR SCHEDULE CHANGES\*\*** \_\_\_\_\_

Email address: \_\_\_\_\_

**\*\*\* 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. (list below)
_____	_____	Asthma, breathing problems
_____	_____	Currently taking any prescription drugs (list below)

Other emergency contact information: <b>(Required)</b> _____ Name _____ Phone number _____ Family Doctor _____ Phone number _____ Insurance Policy Name / Number
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**Other medical conditions/allergies/medications currently taking:**

**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 ACCIDENT/HEALTH 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, 2012 – March 31, 2013 [NOTE: If you pay \$10 in the spring season, your child is covered for the fall season without paying again.]**

I elect **NOT** to purchase accident insurance because above named child is already insured.

I would like to purchase supplemental accident insurance through Standard Life Insurance Co. (\$10 for Spring & Fall 2012 season coverage). Add \$10 to your registration fee check.

**\*NO GUARANTEES ON PRACTICE NIGHT\***

**✓ CHECK THE ONE (1) NIGHT YOU CANNOT PRACTICE**

**\*\*\*DO NOT MARK MORE THAN ONE BOX\*\*\***

Monday  Tuesday  Thursday  Friday  No Preference

**Brothers and sisters playing this season:** Must practice same night  No preference

**LIST ONLY BROTHERS/SISTERS THAT ARE PLAYING THIS SEASON**

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

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

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

• **Players must be at least 4 years old, but no older than 17 years, on closing day of the season**

• **SEASON DATES: March 31, 2012 – May 19, 2012**

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

**SATURDAY, February 18, 2012 / 9:00 AM – 2:00 PM**

**SATURDAY, February 25, 2012 / 9:00 AM – 2:00 PM**

**SATURDAY, March 3, 2012 / 9:00 AM – 2:00 PM**

**NOTE: DEADLINE DATE FOR REGISTRATION FORMS IS MONDAY – MARCH 5, 2012.**

Registration forms and payment will be accepted from February 1, 2012 through the deadline date of March 5, 2012 at the Town Hall Municipal Building.

**Mail the completed form and a check or money order payable to:**

**➔ Town of Pleasant Garden, PO Box 307, Pleasant Garden, NC 27313.**

**ALL FORMS MUST BE RECEIVED BY THE DEADLINE DATE OF MARCH 5, 2012**

**\*\*\* 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.

**CODE OF CONDUCT :** I/we also acknowledge we have read the attached Code of Conduct and agree to abide by it.

**➔ PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

**\*\*\* Volunteer Information \*\*\***

**NAME \_\_\_\_\_ PHONE # \_\_\_\_\_**

**ADDRESS \_\_\_\_\_ CITY / STATE / ZIP \_\_\_\_\_**

**I am willing to serve as a \_\_\_\_\_ Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Referee**

**Please note the age group you are willing to work with: \_\_\_\_\_**

**KEEP FOR YOUR INFORMATION**  
**DO NOT RETURN WITH THE REGISTRATION FORM**

**Town of Pleasant Garden Soccer Program**  
**Parent/Spectator Code of Conduct**

Our purpose is to promote good sportsmanship, teamwork, achievement or excellence, self-confidence and fun for players and their families through the game of soccer. The conduct of coaches, family members and spectators is critical to this process. Considering the number of people involved with Pleasant Garden Soccer Program games, the instances of poor conduct each season are remarkably few. These few instances, however, will not be tolerated. Civility, decency and respect are concepts that all should understand.

**Each person attending a Town of Pleasant Garden Soccer Program game should be aware of the following standards:**

1. Each parent and spectator is expected to be a positive role model of good behavior.
2. No smoking or possession/consumption of alcohol is allowed on the soccer field premises.
3. The Town has the authority to prosecute or support the prosecution of anyone who violates any law or ordinance (*e.g. assault or possession of alcohol*). We will call law enforcement officials if necessary.
4. Neither coaches, parents, nor other team supporters may make critical, abusive or offensive comments to the players, coaches or supporters of an opposing team before, during, or after a game.
5. Games are officiated by referees and their assistants, not coaches, parents or spectators. Parents and other team supporters may not approach game officials at any time for the purpose of disputing calls, or making critical, abusive or offensive comments. There is a process and a time for coaches to disagree with calls. Voice your opinion to your coach, not the game officials.
6. Neither coaches, parents nor other team supporters may be present behind goals or on the first 18 yards of each sideline beginning at each corner. These "clear zones" protect keepers and players taking corner kicks.
7. Supporters of a team must sit on the same side of the field as their team. Parents or other team supporters may not enter the field during a game or post-game activities without the permission of the referee.
8. Each coach is responsible for the conduct of the team's parents and other supporters. The coach may require a parent or other supporter to leave the game-site (the field and surrounding area).
9. Parking is allowed in the designated parking spaces only. **NO PARKING IS ALLOWED IN THE DRIVEWAY AREAS OF THE SOCCER FIELDS.**

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10. The referee, or any other personnel officially authorized by the town, may require any person present at a Town of Pleasant Garden Soccer Program game to leave the game-site.
  
11. Any coach, assistant coach, manager, parent, spectator, or player who is dismissed from a game by a referee or other authorized officials must leave the complex immediately.
  - a. The individual **may not** return to the complex or field **after** the game. The individual may not return to the complex until **one hour after the scheduled completion of the next game of that team (i.e. sit out the next complete game)**. Any individual who violates these rules will be suspended for an additional game.
  
  - b. Any coach, assistant coach, manager, parent, spectator or player who is dismissed from a game by a referee or other authorized persons for **fighting** must leave the complex immediately. The individual may not return to the complex or field after the game. The individual is immediately suspended from attending the next two games of that team. Furthermore, the individual may not attend any other game involving the Town of Pleasant Garden Soccer Program games teams until that two-game suspension has ended. Any individual who violates these rules will be suspended for an additional game.

**Violations of these standards will result in the ejection of the violator from the Town of Pleasant Garden Soccer Program games facilities temporarily or permanently.**

Soccer is a game. Youth soccer is for the enjoyment of young people and their families. The overwhelming majority of our community understands what these simple facts mean. The positive examples you provide for your children are valued. Thank you for your cooperation!