



2021 Indoor Soccer Registration



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|--|--|---|--|---|--|
| First Name: | | Last Name: | | Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> | |
| | | | | Age: <input type="text"/> | |
| Years of House League Experience? | | Years of Rep Experience? | | Date of Birth: MM/DD/YYYY | |
| Address: | | City/Town: | | Postal Code: | |
| Primary Ph: | | Alternate Ph: | | Primary Email Contact: <i>Email is our primary method of contact</i> | |
| Age Group: U7 (2015,2016) U9 (2013,2014) U11 (2011, 2012) U13 (2009,2010) U15 (2007,2008) | | | | | |
| Interested in REP? Yes/No | | Session(s) requested (\$65.00/each): Fall (Oct.12-Dec.16) and/or Winter (Jan.11-Mar.17) Yes/No Yes/No | | | |
| Do you have a pre-existing medical condition/allergy of which we should be made aware? If so, please list: | | | | | |
| <u>Parent Information</u> | | | | | |
| Name: | | | | | |
| Relationship to participant: | | | | | |
| Phone: | | | | | |
| Email: | | | | | |
| Are you Interested in Coaching? | | YES / NO | | | |
| EMERGENCY CONTACT NAME | | | | | |
| EMERGENCY CONTACT PHONE # | | | | | |

PARENT / GUARDIAN PERMISSION AND WAIVER OF CLAIM

I/We the parent(s) of the above registered person, who is a candidate for a position on a team, hereby give my/our approval to his/her participation in any and all of the approved activities of the Grasslands Soccer Association. I/We assume all risk and hazards incidental to the conduct of the activities, and transportation to/from activities. In case of injury to my/our child, I/We hereby waive all claims against Grasslands Soccer Association, its organizers, coaches, sponsors and or supervisors appointed by the Association. We also provide authorization for my/our Child's name and photo to be used for publication purposes. All refunds are subject to the City of Brooks refund policy. Shin guards and proper footwear are mandatory.

I, as the parent/guardian of the participant named herein, agree to assume full responsibility to instruct my child of the risks involved, and to inform him/her of the risks involved, and to inform him/her of the importance of abiding by the rules and regulations for the Outdoor Soccer Season. I, as the parent/guardian of the participant named herein, have read, understood and agree to the contents of this Informed Consent in its entirety.

Signed this _____ day of _____ 2021.

Signature of Parent and or Guardian

Print Name of Parent or Guardian