



**PEMBERTON RECREATION
YOUTH INDOOR SOCCER
REGISTRATION FORM**

\$50/Resident \$60/Non-Resident

**TEAM OR PLAYER REQUESTS ARE NOT ACCEPTED (except Coach-Child and Coach-Assistant Coach Pairing)
ONLY EXTREME CIRCUMSTANCES WILL BE CONSIDERED**

Player's Name: _____ MALE or FEMALE (Circle One)

Age: _____ Birth Date: _____ Current Grade: _____

Parent/Guardian Names: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact Name: _____ Phone Number: _____

Medical Concerns: _____

DIVISION (Circle One):	Instructional (3 & 4 year old)	Division 1 (K & 1 st)	Division 2 (2 nd & 3 rd)	Division 3 (4 th & 5 th)	Division 4 (6 th ,7 th & 8 th)
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Does the registered child have any soccer experience? Check all that apply:

- No Experience
 Indoor Soccer
 Outdoor Soccer
 Travel
 Other

Are you interested in coaching your child's team?

Head coaches will receive 50% off of their child's registration fee @ the end of the season:

- YES – Head Coach
 YES – Assistant Coach
 NO – I do not want to coach

T-shirt size (Please note that some shrinking may occur after initial wash):

- Youth Small
 Youth Medium
 Youth Large
 Youth X-Large
 Adult Small
 Adult Medium
 Adult Large
 Adult X-Large
 Adult XX-Large

(Player's Name) _____ has my permission to participate in all activities and media coverage of the above registered program. I understand that proper supervision is provided for all programs. In case of emergency, I authorize the program personnel to administer first aid treatment, to secure services of a physician, to transport me/my child to the nearest medical facility for treatment & try to notify me/my emergency contact. In the event of injury due to accidents beyond their control, I agree to release and hold harmless the Township of Pemberton, its supervisors, employees and all program volunteers, as well as other persons connected with Pemberton Township, from all liability relating to personal injury or property damage that I/my child may sustain by reason on my/our participation in, equipment or facilities therein.

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date of Payment: _____ Cash: _____ Check Number: _____ Credit Card: _____

Received By: _____ Notes: _____