

Age/Gender: \_\_\_\_\_ Insurance purchased: \_\_\_\_\_ Receipt No: \_\_\_\_\_

**DO NOT STAPLE THIS FORM OR YOUR CHECK. PLEASE LEAVE THIS SECTION BLANK: FOR STAFF USE ONLY**

### Town of Pleasant Garden Youth Soccer Program FALL 2018 REGISTRATION FORM

Season runs from Sept 8 to Oct 20, 2018 **Registration deadline: July 30, 2018**

Registration fee: \$70 per child. **\* NO REFUNDS \*** Make check payable to: Town of Pleasant Garden  
**Players must be at least 4-years-old, but not older than 17-years-old as of October 20, 2018.**

#### PLAYER INFORMATION: **PLEASE PRINT**

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on Oct 20, 2018 \_\_\_\_\_ Boy  Girl

Player's Name \_\_\_\_\_

Player's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**\*\*Preferred Phone Number for Contact\*\*** \_\_\_\_\_

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

Has this child played soccer before?  No  Yes -- how many seasons? \_\_\_\_\_

List any siblings and their age: \_\_\_\_\_

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

**NO GUARANTEES ON PRACTICE NIGHT. PLEASE DO NOT CHECK MORE THAN ONE BOX.**

**CHECK THE ONE NIGHT YOU CANNOT PRACTICE**

Monday  Tuesday  Thursday  Friday  No Preference

#### **\*\*\* Medical Health Insurance \*\*\***

**REGISTRATION INCLUDES ACCIDENT INSURANCE COVERAGE FOR EACH PARTICIPATING PLAYER.**

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

**Other required emergency contact information:**

\_\_\_\_\_

Authorized contact person besides parent

\_\_\_\_\_

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.  
Explanations and/or other medical conditions not listed above: \_\_\_\_\_

**(Parents must sign back of this form.)** **QUESTIONS?** Call 336-674-3002 or email [astclerk@pleasantgarden.net](mailto:astclerk@pleasantgarden.net)

**FALL SEASON: September 8 – October 20, 2018**

Registration forms and payment will be accepted at Town Hall until the deadline date of July 30, 2018. Online registration is available: <http://tshq.bluesombrero.com/townofpleasantgarden>  
Walk in payment must be in cash, money order or check. Mail the completed form with check or money order payable to

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

**DEADLINE DATE FOR REGISTRATION IS 5:00 PM ON MONDAY, JULY 30, 2018**

**FORMS MUST BE POSTMARKED NO LATER THAN JULY 30, 2018**

**\*\*\* 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 Code of Conduct and agree to abide by it.

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

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

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

**EMAIL** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

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

I am willing to be a  **Coach**  **Assistant Coach**  **Referee**

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

*(For liability and safety reasons, a criminal history background check is performed on all coaches, assistant coaches and game officials. You will be contacted to complete a more detailed application form.)*