

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 SPRING 2017 REGISTRATION FORM

Season runs from April 1 to May 20, 2017 **Registration deadline: March 6, 2017**

Registration fee: \$60 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 May 20, 2017.

PLAYER INFORMATION: **PLEASE PRINT**

Birthday ____/____/____ Age on May 20, 2017 _____ 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? _____

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

Please list any siblings playing this season: _____

***** Medical Health Insurance Information *****

EACH PARTICIPATING CHILD IS REQUIRED TO HAVE ACCIDENT/HEALTH INSURANCE COVERAGE.

If your child is not covered by health insurance, you must purchase supplemental accident insurance. The coverage is through Standard Life Insurance Company at a cost of \$10; this policy covers the child from April 1, 2017 – March 31, 2018. [NOTE: If you buy accident insurance for the spring season, your child is covered for the fall season without paying again.]

I DO NOT want to purchase accident insurance because the above named child is already insured.

I DO want to purchase supplemental accident insurance through Standard Life Insurance Company for the Spring/Fall 2017 seasons. I am adding \$10 to my registration fee check.

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

SPRING SEASON: April 1 – May 20, 2017

Registration forms and payment will be accepted at Town Hall until the deadline date of March 6, 2017. No credit or debit cards can be accepted; 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, MARCH 6, 2017

FORMS MUST BE POSTMARKED NO LATER THAN MARCH 6, 2017

***** 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 :** _____

Like us on Facebook: [PG Soccer](#) to keep up-to-date on the happenings of Pleasant Garden Youth Soccer

***** 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.)