

# TAZEWELL RECREATION DEPARTMENT

P.O. Box 608  
Tazewell, VA 24651  
Phone: 276-988-5404  
Fax: 276-988-5406

LEAGUE USE ONLY

Amount Paid \_\_\_\_\_

Check # \_\_\_\_\_

Receipt # \_\_\_\_\_

TEAM \_\_\_\_\_

## UNIVERSAL SPORT REGISTRATION FORM

*Please check registration dates for each recreation sport. Any forms postmarked or brought in after the specific sports registration date will be assessed a \$10.00 Late Fee. In addition, if there is an absolute date there will be no registrations taken after that date.*



**FOR SPRING SOCCER ONLY: AGE OF CHILD AS OF AUGUST 1<sup>ST</sup> OF THE PREVIOUS YEAR \_\_\_\_\_**



**FOR FALL SOCCER ONLY: AGE OF CHILD AS OF AUGUST 1<sup>ST</sup> OF THE CURRENT YEAR \_\_\_\_\_**

**DATE OF BIRTH** \_\_\_\_\_

If first year playing soccer a birth certificate must accompany the registration form.

**How many years has this child played Basketball/Soccer?** \_\_\_\_\_

Please circle shirt size: Youth: XXS/3T XS/4T S6/8 M10/12 L14/16 Adult: S M L XL

Player's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: Male/Female

Father's Name \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

I/We will volunteer to: Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Other \_\_\_\_\_

Emergency Contact (other than parents):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Player Medical Problems \_\_\_\_\_

A registration form must be filled out for each player.

Fees: \$25 per player. Family discounts: 2 players/\$48; 3 players/\$71; 4 players/\$94.

Make checks payable to **Tazewell Recreation Department**. Sorry, there will be No Refunds if a Player registers and then decides not to play or is unable to play.

Players will be notified by their Coach about one (1) week before the first scheduled game. The Practice Schedule and location are determined by your coach. Basketball games will be played at the Old Junior High gym. Soccer games will be played at Lincolnshire Park.

**Please read and sign the Back Page.**

**\*\*Basketball - Sneakers must be worn in the gym. Glasses must have strap to hold them on. No jewelry or metal hair pieces may be worn.**

**\*\*Soccer – Shinguards are required and must be covered completely by socks. Protective cups are recommended. Shoes with non-removable plastic or rubber cleats are recommended. Sneakers are acceptable. Metal cleats and shoes with a toe cleat are not allowed. All shoes must comply with Virginia Soccer Association standards.**

**AGREEMENT:** I hereby certify that all Player Registration Information given above is correct.

I agree, for myself and the Registered Player, to uphold and obey all Rules, Regulations, By-Laws, and Codes of the Tazewell Recreation Department.

In order to participate in this Program, as Parent or Guardian for the Participant, I assume the risk of any and all injuries suffered or caused by the Participant due to participation in this activity.

Additionally, I hereby give my consent for all Medical Care prescribed by a duly licensed Physician for the Participant who is my dependant if the injury or illness occurs while he/she is under the supervision of the Tazewell Recreation Department. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of the Participant who is my dependent.

I agree to abide by all League Rules and the decisions of the Officials and Recreation Department.

**PARENT’S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Please return the Registration Form and Fee to:

Tazewell Recreation Department  
P.O. Box 608  
Tazewell, VA 24651

Forms may be returned by Mail or In Person at the Recreation Department Office at Lincolnshire Park.