

TAZEWELL RECREATION DEPARTMENT SPRING 2017 YOUTH SOCCER REGISTRATION FORM

Tazewell Recreation Department
P.O. Box 608
Tazewell, VA 24651
(276) 988-2501

REGISTRATION DEADLINE: March 03, 2017

Any forms postmarked or brought in after March 03, 2017 will be assessed a \$10.00 Late Fee. In addition, there will be ABSOLUTELY NO registrations taken after the second game.

IMPORTANT QUESTION!!

★ Age of child as of AUGUST 1, 2016? ★

******Soccer Age is governed by the age of a Child on August 1, 2016 and will remain in that classification until August 1, 2017. This will include the Spring Soccer of 2017. The question above is the way we determine what age group to place your child, please take the time and make sure this is correct!!! If a parent desires to move their child to a higher age level, a permission letter must accompany this registration. The Soccer Committee will approve or disapprove this request.***

How many years has this child played Soccer? _____

Is a day of practice or

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 _____

Date of Birth _____

I / We will volunteer to: Coach _____ Assistant Coach _____ Head coach receives registration discount

Emergency Contact (other than parents):

Name _____ Relationship _____ Phone _____

Player Medical Problems _____

A registration form must be filled out for each player. Each new player must submit a copy of their birth certificate.

Fall Fees: \$35 per player. Family discounts: 2 players/\$30 per.

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 two (2) weeks before the first scheduled game. The Practice Schedule and location are determined by your coach.

Please read and sign page 2

LEAGUE USE ONLY.

U _____

Amount paid _____

Check # _____

Receipt # _____

Notes _____

TEAM _____

Shin guards are required and must be covered completely by socks 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 Youth 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 Soccer League.

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 dependent if the injury or illness occurs while he/she is under the supervision of the Tazewell Recreation Department Soccer League. This care may be given under whatever conditions are necessary to preserve the life, limb, or wellbeing of the Participant who is my dependent.

I agree to abide by all League Rules and the decisions of the Officials and Program Directors.

PARENT'S SIGNATURE: _____

DATE: _____

Please return the Registration Form, Fee, and Birth Certificate to:

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

Forms may be returned by Mail or In Person at Tazewell Town Hall..