

Player's Last Name: _____

First Name: _____ MI: _____

★ **Age of child as of**
AUGUST 1, 2018? _____ ★

******Soccer Age is governed by the age of a Child on August 1, 2018 and will remain in that classification until August 1, 2019. This will include the Spring Soccer of 2019. 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?

Please circle **Shirt** size:----- Youth: S M L Adult: S M L XL

Shorts size:----- Youth: S M L Adult: S M L XL

TAZEWELL RECREATION DEPARTMENT FALL 2018 YOUTH SOCCER REGISTRATION FORM

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

REGISTRATION DEADLINE: September 7, 2018

Any forms postmarked or brought in after September 7, 2018 will be assessed a \$10.00 Late Fee. In addition, there will be ABSOLUTELY NO registrations taken after September 14, 2018.

LEAGUE USE ONLY.

U _____

Amount paid _____

Check # _____

Receipt # _____

Notes _____

TEAM _____

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 _____

Email Address: _____

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.

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.**

Please read and sign

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.

***** I am aware and agree that even though a note has been placed on this registration form for my child to be placed with a certain coach/team or placed with another specific child that there is **ABSOLUTELY NO GUARENTEE** they will be placed with that coach/team or placed with another child. I am aware and agree that there will be **NO** refunds due to a child **NOT** being placed with another coach/team/child. I am aware and agree that after the rosters are done if my child is **not** with requested coach/team or placed with another child there will be **ABSOLUTELY NO switching of players from one team to another to accommodate requests.**

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.

PARENTS KEEP THIS PAGE



IMPORTANT REMINDERS

- !** No guarantee that request for specific player matchups will be made.
- !** ABSOLUTELY no trading or moving players by coaches or parents to accommodate requests.
- !** Sportsmanship starts with you (coaches & parents), so please be respectful to players, coaches, officials, and each other. Failure to do so can and will result in removal for the soccer season and park.
- !** No smoking of any kind including Vapor.