

**2010 Fall Soccer**  
**Registration Deadline is Friday, August 6<sup>th</sup> at 5:00pm**

Player Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Positions Played \_\_\_\_\_ Parent/Contact Name \_\_\_\_\_

Email Address \_\_\_\_\_

Would you like to join our Online Newsletter Group? YES NO Already a Member

Birthdate \_\_\_\_\_ Current Age \_\_\_\_\_

**Parents, due to participation numbers, special requests can no longer be honored. Late sign-ups will be placed on teams at the discretion of the Recreation Commission if space is available for extra players.**

**Exception:**

**Does participant have a sibling within the same league who needs to be on the same team? \_\_**

**Volunteer Coaches are needed. Please fill out the following if you are willing to coach. TRC will conduct background checks on all youth sport coaches. Criteria for exclusion will include a conviction of any felony or misdemeanor that would be considered a potential danger to children or is directly related to the functions of that volunteer.**

Name \_\_\_\_\_ Phone(H) \_\_\_\_\_

Phone(W) \_\_\_\_\_ Email \_\_\_\_\_

**SHIRTS:** All participants wear red/blue reversible shirts, same shirt used in past seasons.

No returns/exchanges, if a new reversible shirt is needed they are \$15.00 during sign-up.

**SHINGUARDS:** (Mandatory) can be purchased at most sporting goods stores.

**CLEATS:** Round rubber cleats are acceptable, no toe cleats, and no baseball cleats.

**JEWELRY:** Players may not participate wearing any type of jewelry, including watches, bracelets, earrings, etc. No player may play with a molded cast.

**PARENT/GUARDIAN:** I hereby state that I understand and agree with the above described activity and policies, and that above said player has no physical, mental, or emotional conditions which would prevent him/her from fully participating in such activity, or would make him/her susceptible to injury from such participation. I further state that I hereby release the Tonganoxie Recreation Commission, its employees, volunteers, or agents from any claim that the said player might have, or others may have, for injury that he/she might sustain during his/her participation in such activity. I also state that if I am not present and an emergency arises I authorize medical attention to be administered. Please notify the Tonganoxie Recreation Commission if special accommodations may be needed for the above said player to participate in the described activity.

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