

2012 Spring Soccer
Registration Deadline is Friday, February 10th at 5:00pm

Player Name _____ Male _____ Female _____

Address _____ Phone _____

City _____ Zip _____ **Returning Fall 2011 Player: Yes or No**
(circle one)

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** _____