

Fall Soccer
Registration Deadline is Friday, August 3

Player Name _____ Male _____ Female _____

Address _____ Cell Phone _____

City _____ Zip _____ Email _____

Parent/Contact Name _____ Alternate Phone _____

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

Birth Year _____ Current Age _____ Shirt Size _____

Do you reside/own property within the boundaries of USD #464 School District Yes No

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.

Night(s) unable to practice: _____

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(C) _____

Phone(H) _____ 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, Leavenworth County Fair Board, 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** _____