



IMPORTANT: For all Soccer information, go to www.alabastersoccer.com

Child's Name: _____ Date of Birth: ____ / ____ / ____
 FIRST MIDDLE LAST

Division: (check one) **INTRAMURAL – Co-ed:** U6 U8
BOYS: U10 U11 U12 U13 *U14 **GIRLS:** U10 U11 U12 U13 *U14
 *U14 (age 13) – No payment accepted until we see if enough players register to make a team.

Gender: (check one) MALE FEMALE

Registration Fees: \$85.00 for U6 and U8 **NO Checks Accepted** Non-Resident Fee: Additional 10%
 \$105.00 for U10 and Up Multi Child Discount: 10%

NEW or RETURNING Soccer Player **AGE as of August 1, 2012** _____
 Where do you attend School? _____ Soccer Experience (yrs. played) _____

Address: _____
 Mailing Address City State Zip
Birth Certificate is: Attached Not Attached On-file **Home Phone:** _____

Father's Name: _____ Cell No.: _____ Work No.: _____
 Email Address: _____
 Would you be interested in coaching: (check one) HEAD COACH ASSISTANT COACH

Mother's Name: _____ Cell No.: _____ Work No.: _____
 Email Address: _____
 Would you be interested in coaching: (check one) HEAD COACH ASSISTANT COACH TEAM MOM

I/We, the parent(s)/guardian(s) of the above named child, understand that **NO Refunds will be issued.**

INITIALS

PLEASE CHECK CORRECT SIZES BELOW: **Sock Size:** Youth Intermediate Adult
 (see samples in our office for correct sizing)
Jersey Size: YS YM YL AS AM AL AXL
 These sizes are correct _____ (initials) **Short Size:** YS YM YL AS AM AL AXL

REQUESTS:
 Reason: _____
NOTE: Requests are NOT guaranteed!

I hereby give my approval for the above named child to participate in all soccer activities during the current season. I am the parent or legal guardian of the child that I have registered. I certify that all information given is correct.
Signature: _____ **Date:** _____

STOP! You're not finished until you complete Page 2


Player's Name: _____

Per Alabaster City Ordinance 95-381 I understand: **Any person who engages in arguments, uses abusive language, harasses game or league officials or exhibits any unsportsmanlike behavior may be barred from parks and/or recreation facilities and/or prosecuted.**

INITIALS

I/We, the parent(s)/guardian(s) of the above named child, authorize the City of Alabaster to publish pictures of my/our child on the local website. Individual pictures or names identifying pictures will not be used.

YES

NO

I/we, the parent(s) and/or legal guardian(s) of the above named candidate, know that participation in Alabaster Youth Sports may result in serious injury(ies), and moreover protective equipment does not prevent all injuries to participants. Therefore I do in consideration of being allowed to participate in the above named activity, hereby assume all responsibility for said activity and/or child. I authorize the City of Alabaster Parks and Recreation Department (CAPRD) to obtain necessary medical care and treatment for the participant for any illness or injury occurring during the activity period, but I understand CAPRD is NOT assuming a duty to obtain medical treatment, make medical decisions, or render medical care or treatment to the participant. I understand that CAPRD has NO ACCIDENT or MEDICAL PAYMENT INSURANCE COVERAGE for the participant and I agree to pay all reasonable medical costs incurred if treatment is obtained. I release, indemnify and agree to hold harmless, CAPRD and its agents, elected officials, servants, and employees from all claims, action, causes of action and rights of recovery or reimbursements of any type that any participant has or may have in the future which arise from or are related in any manner to the activity(ies) (including, but not limited to, claims of bodily injury and property damage or loss), and I assume all risks and hazards incident to such activity(ies) and transportation to and from the same. This instrument is signed both individually and on behalf of the participant(s) present at activity(ies).

INITIALS

Parent or Guardian Authorization:

In case of an emergency, if I, or the family physician, cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, ER Physician).

Family Physician: _____

Phone: _____

In Case of an Emergency, contact: (Someone other than parents)

Name: _____

Relationship to Player: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Please list any **allergies/medical problems**, including those requiring maintenance medications (i.e. diabetic, asthma, seizure disorder). Include medical diagnosis, medication, dosage, and frequency of dosage.

The purpose of the above listed information is to ensure that medical personnel have details of any medical concern which may interfere with or alter treatment.

Authorized Parent/Guardian Signature

Date

NOTE:

- All U6 & U8 Coaches (including Assistants) will need to complete a Coaches Application!
- All Parents will need to complete a Concussion Form!

FOR OFFICE USE ONLY

Amount Paid _____

Sizes Recorded: Yes No

Date Paid _____

Cash

Debit

Visa

Master Card

Receipt No. OR Last 4 digits of Charge Card _____

Employee initials _____