

**MITCHELL COUNTY RECREATION DEPARTMENT - 2013  
Coed Soccer Registration**

**Registration Deadline: Friday, August 23rd - Return form to school attending.**

**Fees: \$30 per child (nonrefundable) to be paid with application.**

*Fees must be paid when registration form is returned. Please call Greg Hoilman at 688-5901 if you need assistance with fees. A registration form that is not accompanied by a payment will not be accepted.*

**Age Limit:** Under 6—those not turning 6 before August 1<sup>st</sup>  
**& Divisions** Under 8—those not turning 8 before August 1<sup>st</sup>  
Under 10—those not turning 10 before August 1<sup>st</sup>  
Under 12—those not turning 12 before August 1<sup>st</sup>

**\*\*Shin guards are required for practices and games.**



Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male  Female  School Attending: \_\_\_\_\_ Weight: \_\_\_\_\_

Check shirt size: Youth: Medium  Large  / Adult: Small  , Medium  , Large  , X-Large

Medical information (any health information needed for child's safety) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

*I understand that injuries can occur when involved in a physical activity. I will not hold Mitchell County or staff responsible for any injuries that may occur while my child is participating in this sport. I understand that parents may not choose their child's teammates or coach. I understand that Mitchell County Recreation Department rules are designed to promote the safety and enjoyment of all participants in its programs. I will abide by these rules, whether I like them or not, and if I am unruly in any way I will leave the playing grounds without any problems if asked to do so. All conflicts between parents, coaches, and/or children should be directed to Greg Hoilman, Director. If you take it upon yourself or your child takes it upon his/herself to handle the conflict the parent and/or child may be reprimanded.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you want to coach or help coach, please sign here:** \_\_\_\_\_

*Note: Fees are used in part to provide gap medical insurance that picks up where your primary insurance coverage leaves off in the event your child is injured in a game. Any claims must be submitted to the primary carrier first.*