

Participant's Name

Mailing Address

ROCKY MOUNT PARKS & RECREATION 2016 CO-REC SUMMER ADULT SOCCER LEAGUE FOR AGES 16 AND OLDER



(month, day, year)

Zip Code

The Athletics Division will be offering an Adult Co-Rec Soccer League. The league will play 6 V 6 weeknights at the Rocky Mount Sports Complex. Each team must have a minimum of 8 players and a maximum of 12 players with at least 2 females.

Join as a team or sign up as an individual, ages 16 and older.

The fee includes regular season and tournament games, referees, site supervisor and team jerseys.

2 Divisions: **Premiere** (Competitive) and **Classic** (More Recreational players)

Age

City

Birth Date

| Primary Phone | | Alternate Phon | e# | | |
|--|---|--|--|---|--|
| Email | | | | | |
| Years of Soccer Experience | | Male | | Female | |
| Team Member Request/Team Name_ | | Division:_ | (Division | n placement not guaranteed) | |
| INDIVIDUAL REGISTRATION FE | <u>CES</u> | Registrati | on Deadline | Please mail entry fee and form to: City of Rocky Mount | |
| Individual Entry Fees | | Friday, June 3rd! If Registration Forms are NOT turned in by the deadline, you will not be guaranteed Shirt size | | e Lynn Driver, Athletic Director PO Box 1180 Rocky Mount, NC 27802-1180 | |
| | \$44.00 \$66.00 | | | | |
| Jersey Size | | deadinie, you will not | be guaranteed Shirt <u>size</u> | For more information and for printable registration forms, visit | |
| (If Registration Forms are <u>NOT</u> turned in by deadlin not be guaranteed Shirt <u>Size</u>) | ne, you will | If Registering a | team, please have | our website at www.rockymountnc.gov/parks, call | |
| TOTAL AMOUNT PAID \$ | | each team me | ber complete a | 972-1161, or email chris.koufopoulos@rockymountnc.gov | |
| Pymt Options: Check / Money order / C | Credit | Registration Form! | | It is the policy of the City of Rocky Mount not to discriminate on basis of race, sex, national origin, disability, age, creed, color | |
| NO CASH ACCEPTED | | League Sponsorship | | | |
| Please make checks payable to: | | League sponsorship is available! If you, your business, or organization would like to sponsor a | | or religion. | |
| City of Rocky Mount | | | is Koufopoulos at 972-1160 | REFUND POLICY | |
| Charlett Parint H | | or email chris.kouropo | ulos@rockymountnc.gov | 100% refund/credit/transfer if Department cancels program or facility rental. 85% refund if participant requests 5 days in advance of | |
| Check # Receipt # | | NEW Online Registration | Mission Statement: | program start date or two weeks prior to rental date. 100% fee transfer to another P&R program | |
| Card # | II | Register for your activity at | To advance the quality of life | at time of withdrawal. Refunds for medical reasons requested prior to program start date | |
| Signature(For Credit Card Payment ONLY) Exp. Date Code# | | www.rockymountnc.gov/ parks | by providing positive, inclusive experiences through people, parks and programs. | and/or rental and subject to verification granted 100%. NO REFUND if participant's request falls within 5 days of program start date or within two weeks prior to rental date. | |
| IN CONSIDERATION of my participation in the 201 or legal representatives, successors and assigns, hereby agree to: (i) RELEASE, WAIVE, FOREVER DISCHARGE ar any and all claims, losses, damages, or liability (present and future participation in the Activity, including, without limitation, to the 6 the City; and (ii) INDEMNIFY, DEFEND and HOLD HARMLES: reasonable attorneys fees) related thereto, arising out of, or in any of anyone participating in the Activity under my auspices or with (directly or indirectly) to acts or omissions (negligent or otherwise; I understand that participation in the Activity involvacknowledge and assume all risk of injury or death resulting from a further agree that if any term or provision, to persor this Release, or the application of such term or provision, to persor this Release shall be valid and enforceable to the fullest extent per I have carefully read this Release and have executed the third to the complex of the content of the co | nd COVENANT e), on account of extent permitted S the City from way connected a my implied or of the City, wes the risk of i participation in the elease, or the again or circumstance mitted by law, the same volunta | NOT TO SUE the City of Rocky M finjury to my person or property, in by law, any claim, loss, liability, or and against any and all claims, loss with my participation (or the participations consent, including, without injury or death, and by executing the Activity. Oplication thereof, to any person or consent than those to which it is held rily adopting the word "SEAL" after | fount, its elected officials, officers, emple heluding injury resulting in my death, a damage related (directly or indirectly) as, liability, and damages (present and to pation of the minor identified below) ir limitation, to the extent permitted by is Release, Indemnity, Acknowledgem irrcumstance shall, to any extent, be ded invalid or unenforceable, shall not be my name as my seal. | elf, my heirs, executors, administrators, personal loyees, and agents (collectively the "City") from the action of the action of the action of the action of the activity or connected with the participation of the Activity or connected with the participation of the Activity or connected with the participation of the action | |
| PHOTO RELEASE STATEMENT— Pictures or video clips may be | e taken while pa | rticipating in City of Rocky Mount P | arks & Recreation programs. If you do | not concur, please call 252-972-1151. | |
| | SEAL) | | Date: | | |
| Signature of Participant | Pri | nt Name | | | |