



SOCCER REGISTRATION 2024

One Per Child Please - \$25

Last Name: _____ First Name: _____

Mailing Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Circle One: Male Female Date of Birth: _____

Grade as of 9/01/2024: _____ Contact Person: _____

T-Shirt Size: **Youth:** Small _____ Medium _____ Large _____ Extra Large _____
 Adult: Small _____ Medium _____ Large _____ Extra Large _____

Years of Soccer Experience: _____

What allergies or other medical conditions should we know about?

Waivers:

NAME OF PARTICIPANT(S) _____ My son/daughter has permission to participate in the Chesterfield Parks and Recreation Department's program. I hereby waive, for myself and my child, the right to assert any claim arising out of injury to the child due to participation in, preparation for, or travel to and from any recreation sport or activity, I acknowledge that participation in the sport or activity authorized comes with certain risks which are hereby assumed. I relinquish any right, which my child or I might otherwise have for payment of medical costs or other losses beyond whatever insurance I may have. I hereby authorize the Director, Recreation Program Leader, staff and volunteers of the Chesterfield Parks & Recreation Department to act for me, according to their best judgment, in any emergency requiring medical attention. **Initial:** _____

I, _____, the parent or legal guardian of _____ grant the Chesterfield Parks & Rec Department my permission to use my or my child's photograph and name publicly to promote the programs or beach. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty fee or other compensation shall become payable to me by reason of such use. **Initial:** _____

Parent/Guardian's signature: _____

Office Use Only:

Date check was received _____ Amount Received _____ Initials: _____

COACHES WE NEED YOU!!!

We need coaches! Many parents do not get involved in coaching soccer because they feel like they do not know the game. Please remember this is a recreational league and the kids are out there to have fun and learn to play the game. Make it a family experience and learn the game with your child. Please consider working with the kids to have a fun and educational soccer season. Thanks for all your support we could not do it without you!

Name: _____

Cellphone: _____ E-mail address: _____

Circle One: Head Coach Assistant Coach