

2022 FALL SOCCER MAIL/FAX-IN FORM

Player Waiver and Release of Liability

REGISTER MAY 9-JULY 22 – NON-RESIDENTS ADD \$5 TO LEAGUE FEE

(July 23 – July 29 add \$10.00 late fee & child will be placed on a waiting list if there are no more spots available)

PLEASE FILL OUT ALL FIELDS AND SIGN LIABILITY WAIVER AT THE BOTTOM

Last Name _____ First Name _____ Middle Name _____

Home Phone # _____ Cell / Other Phone # _____ Birth Date _____

Address _____ City _____ Zip _____

E-Mail Address _____ School Child Attends _____

Name and phone number of person to contact in case of emergency _____

Please list any medical conditions we should be aware of: _____

Age Group (check/circle one):	COED U6 \$60	COED U8 \$60	BOYS U10 \$60	BOYS U12 \$70	BOYS U14 \$70
			GIRLS U10 \$60	GIRLS U12 \$70	GIRLS U14 \$70
					GIRLS U16 \$70

PLEASE LIST YOUR PREVIOUS SEASON'S COACH IF APPLICABLE _____

Player information is confidential and used for team rosters. Information is not given out to third party without consent by parent or legal guardian.

JERSEY SIZE (Please check/circle if needed - \$17 per jersey):

YOUTH SMALL	YOUTH MEDIUM	YOUTH LARGE		
ADULT SMALL	ADULT MEDIUM	ADULT LARGE	ADULT X-LARGE	ADULT XX-LARGE

Would you be willing to coach your child's team? (Please Circle/Check): YES _____ NO _____

Do you want to be an assistant? (Please Circle/Check): YES _____ NO _____

Coaches and assistants are necessary to run this program! We depend upon PARENTS to fill these positions! I understand and agree that: My child is NOT guaranteed to be assigned to a specific team with his/her classmates. The assignment of my child to a team is at the discretion of the Waterford Parks & Recreation Department and is FINAL. My child is NOT guaranteed placement on any team if this registration form is received after the registration deadline. Children will be assigned to teams in accordance to Michigan State Youth Soccer Association birth date guidelines. NO EXCEPTIONS WILL BE MADE. No refunds will be granted after the FIRST scheduled game

Payment Method: Check or Credit/ Debit Card (Cash will NOT be accepted for Fax / Mail-In Registration)

VISA / MASTERCARD / DISCOVER # _____ EXP. DATE _____ CVV2 CODE _____
if paying by credit/debit card a convenience fee will be charged)

Player waiver and Release of Liability

I represent to the Charter Township of Waterford that I am aware of no physical or mental restrictions that would prevent my child from safely participating in any Waterford Parks and Recreation Department.

I acknowledge that these activities are potentially dangerous and involve the risk of injury, death or property damage.

I assume full responsibility of any risk of injury, death, or property damage related to these activities.

In consideration of my child's participation in the program, I agree that my child's likeness may be photographed or videotaped and that such image may be published in any outlet used to promote or publicize the program.

In consideration for my child's participation in the activity or activities, I waive any rights I may have against the Charter Township of Waterford, their appointed and elected officials, employees, volunteers, attorneys, assigns, agents and successors concerning this activity or these activities, including transportation (if provided by the program) and the use of photographs for promotion as described above. I release and discharge, the Charter Township of Waterford their appointed and elected officials, employees, volunteers, attorneys, assigns, agents and successors of and from all claims debts, attorney fees, costs, actions and causes of action of any kind connected with this activity or these activities.

I acknowledge that I will review the Youth Sports Concussion Information prior to my child's participation in this activity.

NAME OF PARENT/GAURDIAN (PLEASE PRINT)

SIGNATURE OF PARENT/GUARDIAN

DATE