RAVENNA RECREATION DEPARTMENT
CAROL'S CHEM-DRY /AMERICAN LEGION POST #331 /SHEETZ /PERFORMANCE ELASTOMERS
YOUTH FALL SOCCER 2010

Child's Name _____ Address _____

Female ____ Male ____ City _____ Home Phone _____

Age _____ Birth date ___/___/___ Grade entering in Fall 2010 _____
(AS OF 7/31/10)
Parent/Guardian's Name _____ Parent's Work Phone No. _____

Cell Phone # _____ Pager # _____ E-Mail Address _____

Doctor's Name _____ Doctor's Phone _____

Emergency Phone No. (Family, Friend, etc.) _____ (Name & Evening No.)

Special Medications/Allergies, etc. _____

Division: **(Please check one): Based on age as of July 31, 2010**

___Co-Rec U6 ___Co-Rec U8 ___Co-Rec U10 ___Boys U12 + 6th graders ___Girls U12 + 6th graders

Number of SEASONS child has played SOCCER? FALL _____ SPRING _____ Total : _____

Team played on (coach or sponsor name) in Fall 2009 _____ In Spring Soccer 2010 _____

Would you be interested in coaching soccer? ___ Yes ___ No Assisting Soccer? ____ Yes ____ No

Do you know of a company or organization who would like to sponsor a team? Yes ___ No ___ Company Name _____

AGREEMENT TO PARTICIPATE: I, in consideration of the permission hereby granted to participate in the Ravenna Recreation Department/Performance Elastomers/Carol's Chem-Dry/Sheetz/American Legion Post #331 Fall Soccer League 2010, agree to assume the risk of any and all personal injuries to me/my child, or property damage, and to hold harmless the City of Ravenna, Ravenna Parks and Recreation Department, Maplewood Christian Church, American Legion Post #331, Carol's Chem-Dry, Performance Elastomers, Sheetz, Jim Hudson, or their agents, employees, and volunteers from any and all injuries or property damage arising from this League, and hereby release any and all claims of whatever nature arising therefrom.
SIGNED CHILD/PARENT OR GUARDIAN understands that he/she must pay all hospital and/or ambulance costs incurred. I further understand that if I/my child am/is injured, or the situation necessitates the calling of any medical services and the use thereof, I/my child hold(s) full responsibility for any liabilities arising out of these services, and will not hold the City of Ravenna, Maplewood Christian Church, Carol's Chem-Dry, American Legion Post #331, Sheetz, Performance Elastomers, Jim Hudson, nor any constituent thereof, responsible. I/my child also grants permission for emergency first aid to be administered to him/her in case of injury incurred.

SIGNED CHILD/PARENT OR GUARDIAN agrees to obey all Rules & Regulations set forth by the Ravenna Parks and Recreation Department and the Sports Supervisor, agrees to obey his/her coach, and voluntarily agrees to participate in the Soccer League.

SIGNED CHILD/PARENT OR GUARDIAN are aware of the risks and potential dangers involved in the sport of soccer (including but not limited to scrapes and scratches from sliding, pulled muscles from running, and possible fractures, or any other mishaps which may occur or originate in the spirit of the game before, during or after).

SIGNED CHILD/PARENT OR GUARDIAN maintains that she/his/her child is physically fit and sufficiently trained to participate.
SIGNED CHILD/PARENT OR GUARDIAN understands that the Parks and Recreation Department and Maplewood Christian Church is doing everything it can to provide safe and sanitary conditions for the league.

SIGNED CHILD/PARENT OR GUARDIAN understands that the Parks and Recreation Department and Maplewood Christian Church will not provide insurance coverage for this league. It is the responsibility of the parent to provide necessary coverage for their child.

SIGNED CHILD/PARENT OR GUARDIAN understands the following refund policy: If registrant wishes to withdraw from program before it begins, a refund of 75% of the paid fee will be granted. A refund of 50% of the paid fee will be made after program begins and up to the 5th day past the first practice. After the 5th day past the first practice, NO refund will be granted.

SIGNED CHILD/PARENT OR GUARDIAN maintains that he/she has read this agreement and acknowledges responsibility for himself/herself/my child for all above statements.

SIGNATURE_____ SIGNATURE _____

(CHILD) (PARENT OR GUARDIAN)

CIRCLE T-SHIRT SIZE: **Youth: YS (6-8) YM (10-12) YL (14-16)** **OVER**

Adult: AS AM AL AXL AXXL