

# 2017 FALL SOCCER

## Boys & Girls Ages 5 - 14

**REGISTRATION: Ongoing – Mail or drop off this form with your payment at Wahpeton Parks and Recreation, 304 5<sup>th</sup> Street South or take to the first practice on Monday, August 28<sup>th</sup>. Practices will be held at the Airport Park baseball field.**

**Ages: 5-9: Registration at 5:45, Parents Meeting at 5:55, Practice 6:00-6:45pm**

**Ages 10-14: Registration at 6:30, Parents Meeting at 6:40, Practice 6:45-7:30pm**

**Practices will be held Mondays and Tuesdays.**

**Program runs Monday, August 28<sup>th</sup> through Tuesday, October 10<sup>th</sup>.**

**Cost: \$25.00**

**Head Coach: Cortney Mann**

**Program supervised by Parks & Recreation.**

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in the above program, you will be waiving and releasing all claims to injuries you or your child/ward might sustain arising out of the above program.

I recognize and acknowledge that there are certain risks of physical injury to participate in the above program and I agree to assume the full risk if any such injuries, damages or loss regardless of severity which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program. I waive and relinquish all claims that I, my insurer, or my child/ward may have against the Park Board and its officers, agents, servants and employees from any and all claims from injuries, damages or loss which I or may child/ward may have or which may accrue to me or my child/ward on account of my participation of my child/ward in the above program.

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### FALL SOCCER

**I HAVE READ AND FULLY UNDERSTAND THE ABOVE DETAILS AND WAIVER AND RELEASE OF ALL CLAIMS.**

**PLAYERS NAME (Print) \_\_\_\_\_ AGE \_\_\_\_\_**

**PARENTS NAME (Print) \_\_\_\_\_**

**ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_**

**PHONE NUMBER (W) \_\_\_\_\_ (H) \_\_\_\_\_**

**PARENTS EMAIL ADDRESS \_\_\_\_\_**

**T-SHIRT SIZE: \_\_\_ Yt Sm \_\_\_ Yt Med \_\_\_ Yt Lg \_\_\_ Ad Sm \_\_\_ Ad Med \_\_\_ Ad Lg**

**Any medical information that we need to be aware of? \_\_\_\_\_**

**Parent/Guardian Signature \_\_\_\_\_**