

Youth Soccer Registration Form

Mt. Vernon Parks & Recreation Department 2013 Spring Soccer Program

Return form to Parks & Recreation Department Office, 716 Locust (old Hedges school, door #8) or mail to PO Box 324, Mt. Vernon, Indiana 47620. Office hours are M-F, 8 a.m. - 5 p.m. All registrations are due by Friday, March 8th. **Late registrations are subject to a waiting list.**

- League play will begin the week of April 8th-13th and will continue through May 21st •

Junior Kickers(4&5),U6,U8,U10 & U12 (or 6th grade) \$35 per participant, additional child \$20.

Name _____ D.O.B. _____ Age _____

Address _____ Grade _____ Gender: M F

Phone _____ **Please indicate shirt size: YS YM YL S M L XL

PARENT PERMISSION:

(Both parents must sign this permission form. If only one parent is available to sign, the parent signing must assume complete and absolute responsibility as set forth below)

We/I hereby grant permission for my child _____ to participate in the: Youth Soccer Program.

We/I represent that my child is physically fit and suffers from no health issue which would prevent him/her from participating in this activity. We/I will assume all responsibility and obligation for my child in case of injury or accident sustained during participation in this program. We/I release and hold harmless the Mt. Vernon Parks & Recreation Board, Metropolitan School District of Mt. Vernon, employees of the Mt. Vernon Parks Board, and all other paid and volunteer personnel from any and all liability, loss, damage, injury which may result or occur during the course of this sports program. We/I give permission for the Mt. Vernon Park & Recreation Department to use individual photographs and team photographs as the department sees fit, including but not limited to, print and internet publication. We/I will work together with the Mt. Vernon Park & Recreation Department and all persons involved in this sports program to build a fine program for all of the youths involved

_____ Date _____ Parent Signature _____ Printed Name _____

_____ Date _____ Parent Signature _____ Printed Name _____

Phone #'s home) _____ work) _____ emergency) _____

**Email _____
(P&R updates)**

We encourage everyone to volunteer regardless of their knowledge of the sport. The success of the program depends upon the volunteers. The more volunteers - the more opportunities your child will have.

Will you: Coach? yes no Assist Coach? yes no Coach Shirt Size: S M L XL

Rec. # _____ Date Rec'd _____ By _____