



## REGISTRATION, EMERGENCY, AND LIABILITY RELEASE FORM

### Instructional Soccer League October 4-27, 2016; Tuesday's & Thursday's

Ages: 4-8

\$30.00

Player's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Player's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ M/F: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Name of Parent/Guardian #1: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Name of Parent/Guardian #2: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Phone #'s: **Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

Parent E-Mail Address: \_\_\_\_\_

Family Physician Name & Phone Number: \_\_\_\_\_

Would a Parent Like to help Coach the Team? \_\_\_\_\_ Head Coach \_\_\_\_\_ Asst. Coach

\*Part of our Soccer Program is to Develop Coaches for the growth of the Plainview Soccer Program!

#### Minor Waiver and Release of Liability/Parent Consent

I understand that participation in sports and physical activity may lead to injury and hereby give my permission for my child to participate in the Plain View Soccer Program. I release, and hold harmless all League coaching staff, Directors of the Plain View Community Coalition, coaches, or any Volunteers from all claims, demands, suits, causes of action, or judgments which I ever had, now have, or may have in the future for injuries, death or illness that might occur during these summer programs in consideration for allowing the Plain View Summer Program to use the Plain View Community Coalition's facilities during these programs. I verify that to the best of my knowledge the above named applicant is physically able to fully participate in all activities associated with these programs. As a participant in a sports environment, the above camper accepts the responsibility to play in a sportsmanlike manner and accepts the inherent risk of athletic injury. I also understand that in the case of injury or sickness every attempt will be made to contact me, but in case I cannot be reached, I give my consent for my child to be treated by emergency and medical care professionals, as they deem necessary.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that while participating in the Plain View Summer Soccer Program, my child is expected to conduct him/herself in an orderly manner. They are expected to respect the instructor and the other campers. If a behavior problem arises I understand that he/she may be removed from the camp with no refund. I further understand that I am expected to drop off and pick up my child on time to prevent the instructor from having to wait after camp.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Make Check Payable to 'Plain View Community Coalition', and mail to:

Plain View Community Center \* 228 Killington Place \* Dunn, NC 28334 \* (910) 263-1275  
[www.plainviewcc.org](http://www.plainviewcc.org)