

Plain View Community Recreation

8-U Spring Soccer Registration Form

Child Name:	School/Grade: (3rd graders not eligible)
Child DOB:	Age on 4/13/21:
Parent Name(s):	
Contact Phone Number(s):	() Text () Call
Address:	
T-Shirt Size:	I am interested in coaching: () Y () N

I understand by signing my child up for Spring Soccer at Plain View Community Recreation ("PVCC"): Initial each line

_____ This is not a competitive league - it is instructional only. While my child will be participating in games, they will be instructional in nature.

_____ I acknowledge we are in a worldwide pandemic, COVID-19. I understand the contagious nature of COVID-19. I voluntarily assume the risk that my child and I may be exposed to or infected by COVID-19 by participating in spring soccer ("Claims") sponsored by PVCC. I voluntarily agree to assume all risks and accept sole responsibility for any injury to my child or family in connection with participation in spring soccer sponsored by PVCC. On my behalf, and on behalf of my family, I hereby release, covenant not to sue, discharge, and hold harmless the PVCC, its employees, volunteers, agents, and representatives, of and from the Claims, including all liabilities, actions, damages, costs or expenses of any kid arising out of or relating thereto.

_____ I acknowledge that my child is covered by basic health insurance.

_____ Sportsmanship is an important character trait. I will model good sportsmanship and will expect it of my child.

****Return Registration Form with the \$35 registration fee in the information box by the doors at the PV Recreation Center or by mail to 5561 Plain View Highway by 3/19/2021.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Office Use Only:	Team:	Coach:	\$35 Registration Fee Paid () YES () NO
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5561 Plain View Hwy, Dunn, NC 28334
(910) 263-1271