

Plain View Community Recreation

10-U Spring Soccer Registration Form

Child Name:	Grade - Circle one: Pre-K Kind 1st 2nd 3rd 4th 5th										
Child DOB:	Age on 4/15/22:										
Parent Name(s):											
Contact Phone Number(s):	() Text () Call										
Address:											
T-Shirt Size - Circle one:	<table style="display: inline-table; border: none;"> <tr> <td style="padding: 0 10px;">Youth Sm</td> <td style="padding: 0 10px;">Youth Med</td> <td style="padding: 0 10px;">Youth Lg</td> <td style="padding: 0 10px;">Adult XS</td> <td style="padding: 0 10px;">Adult S</td> <td style="padding: 0 10px;">Adult M</td> <td style="padding: 0 10px;">Adult Lg</td> <td style="padding: 0 10px;">Adult XL</td> </tr> </table> <table style="display: inline-table; border: none; vertical-align: middle;"> <tr> <td style="padding: 5px;">I am interested in coaching:</td> <td style="padding: 5px; text-align: right;">Y / N</td> </tr> </table>	Youth Sm	Youth Med	Youth Lg	Adult XS	Adult S	Adult M	Adult Lg	Adult XL	I am interested in coaching:	Y / N
Youth Sm	Youth Med	Youth Lg	Adult XS	Adult S	Adult M	Adult Lg	Adult XL				
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 LOCKED information box by the doors at the PV Recreation Center or by mail to 5561 Plain View Highway by 3/25/2022. Please do not mail cash!

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