



Youth Soccer Registration Form

Child's Last Name: _____ First Name: _____ MI: _____

Street: _____ City: _____ State: _____ Zip: _____

Phone: _____ Sex: _____ D.O.B: _____ Age as of February 22, 2009: _____

School: _____ Church/Masjid: _____

Parents: Last _____ First _____ Cell Phone: _____

Last _____ First _____ Day Phone: _____

Emergency Contact: _____ Phone: _____

Uniform: **YOUTH:** YS (6-8) YM (10-12) YL (14-16) **ADULT:** S M L XL XXL

Any sibling in this league? _____ Name(s) and age _____

(Please Fill out Separate registration form for each child)

Soccer has rolled around again!!! Chester Youth Soccer is striving to provide a Recreational Soccer League for individuals to participate. Registration will be held **February 15th – March 12th** at Chester Department of Recreation. Late registration will be accepted for an additional 5 days at the cost of \$70.00.

Fees: \$70 per child. Each child then receives \$60 in raffle tickets. This fee will

includes a spot in our summer camp in August.

A \$10.00 discount will be given to participants that live in the Chester City Limits.

If interested in being a coach or referee, please fill out Coach/Referee Form.

Coach_____ Assistant Coach_____ Referee _____

Amount due: _____ Amount paid: _____ Late Fee: _____ Cash ____ Check#_____

NO SPECIAL REQUEST, PLEASE.

*** No refunds are available unless a doctor's note for medical reasons is presented before the uniforms are ordered. No refunds under any circumstances once the uniforms have been ordered.**

Participation in Chester Youth Soccer Waiver/Release

Liability RELEASE

In consideration of the acceptance of my application for the above activity, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property which I may have, or which may hereafter accrue to me, as a result of participation in said event. This release is intended to discharge in advance the City of Chester, Chester Department of Recreation, Chambers Foundation, WTYDF, Chester Boys and Girls Club, CCIP/EGT,CUSD its officers, employees or agents from liability, even though that liability may arise out of negligence or carelessness on the persons or entities mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

Parental Consent (to be completed if applicant is less than 18 years of age)

I give my consent for my son/daughter

_____ to

(Name of participant) participate in the above activity, and I execute the above liability release on his/her behalf.

Consent to Treat

I hereby give my consent to the above applicant treated by a physician or surgeon in case of sudden illness or injury while participating in the above event.

It is understood that the Chester Youth Soccer provides no medical insurance for such

treatment, and that the cost thereof will be at my expense. If a personal physician is listed below, every effort will be made to contact such physician. However, the location of the activity or the nature of the illness or injury may require the use of emergency medical personnel.

_____ (name of personal Physician)

_____ (doctor's telephone number)

____ I do not give my consent to treat and request that medical or surgical services be withheld.

Read before Signing

I have read and understood the foregoing registration form, liability release form, parental consent and consent to treat, and agree to all their terms and conditions.

(date)

(signature)

(signature)

(print name)

(print name)