

Spring 2012

Walkerton Park & Recreation
71636 Walkerton Trail, Walkerton, IN 46574 Phone 574-586-3638 Fax 574-586-3699
Email: walkertonparks@walkerton.org Website: www.walkerton.org

Soccer League Registration—Ages 4-12

I _____ (signature parent name) give permission for _____ (child) to participate in the Walkerton Park & Recreation Department Soccer League. I understand that the Town of Walkerton, John Glenn School Corporation, St. Patrick's School and Walkerton Park & Recreation Department and its employees and volunteers are not responsible for any accidents or injuries that may occur during this program. Nor will they be responsible for lost or stolen articles.

As the parent/legal guardian, I request that in my absence the above named player be admitted to any hospital facility for diagnosis and treatment. I request and authorize physicians, and other licensed technicians or nurses to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment on the above minor. I will be personally responsible for any and all expenses incurred by my child.

Known allergies of this player, including allergies to medicine: _____
Any other medical problems _____ Medications being taken _____

Player's last name _____ Player's first name _____

Date of Player's birth ____/____/____ Has player participated in WPD league? ___Yes ___No

Have you ever played on a travel soccer team? ___Yes ___No All WPD games are held in Walkerton.

Sex M F Age as of April 14th of current year _____ Parent/Guardian Name _____

Address _____ City/State/Zip _____

Phone _____ Cell or Work _____ Email _____

Person to contact if parent is unavailable _____ Phone _____

Signature of Parents/Guardians _____ Date ____/____/____

Circle One Division

U6(4-5yrs old)

U8(6-7yrs old)

U10(8-9yrs old)

U13(10-12yrs old)

Shirt Size—Mark with an X

Short Size BLACK--Mark with an X

Registration Fee \$30.00 Shorts additional \$7.50

(Shorts are an additional \$7.50)

Late Fee \$10.00 after **February 29th**

____ Yth Sm 6/8

____ Yth Med 10/12

____ Yth Lg 14/16

____ Ad. Sm

____ Ad. Med

____ Ad. Lg

____ Ad. XLg

____ Ad. XXLg

____ Yth Sm

____ Yth Med

____ Yth Lg

____ Ad. Sm

____ Ad. Med

____ Ad. Lg

____ Ad. XLg

Black shorts are not required but encouraged.

Cash _____ Check # _____

Additional shorts \$7.50 Extra

Team placement is not guaranteed after March 15th.

The WPD would like to take photos to be put in the media. Your child's photo could be put in the newspaper and our website. If this is a problem, please ask for a Denial Form, otherwise we will use this registration form as our Permission Slip. Thank you

Parent involvement and dedication is what makes the WPD Soccer League thrive. We appreciate the efforts of our parents to make our program better. Please check the following areas that you would be interested contributing to:

_____ Helping in the concession stand _____ Coach a soccer team or Assist

MUST BE RETURNED TO PARK OFFICE. OFFICE IS LOCATED SOUTH OF JOHN GLENN H.S. DROP SLOT AVAILABLE THROUGH FRONT DOOR FOR YOUR CONVENIENCE.