# Walkerton Parks & Recreation

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**Spring 2019**

## Registration Deadline: January 19th

Absolutely no registrations will be accepted after January 31st.
Late registration forms received after January 19th will have a $10.00 late charge added.
Please fill out the registration form completely. Failure to do so, will result in delay of registration
Team Placement is not guaranteed when registering late.

PLAYER NAME: _____ DATE OF BIRTH: __/__/___

Age by April 6th of current year _____ Current Grade _____ Years Played _____ ☐ Male ☐ Female

ADDRESS: _____ TOWN: _____ ZIP:_____

EMAIL ADDRESS: _____
The email address will be used for updates information. This is our fastest, most direct contact method.

| **Mother/Guardian** | **Father/Guardian** |
|---|---|
| Name: _____ | Name: _____ |
| Cell:_____ | Cell:_____ |
| Accept text message notifications? ☐YES OR ☐NO | Accept text message notifications? ☐YES OR ☐NO |

**Emergency Contact Information:**
In case of emergency contact:_____ Phone:_____

**Player Shirt Sizes:**
Shirts should be ordered larger than needed to accommodate additional undergarments during cool weather.

- ☐Youth Small (6-8)
- ☐Youth Medium (8-10)
- ☐Youth Large (14-16)
- ☐Adult Small
- ☐Adult Medium
- ☐Adult Large
- ☐Adult X-Large
- ☐Adult 2X-Large

**Registration Fee $40.00**
****After Jan 19th = $50.00****

**Is there a sibling(s) playing?** (Each sibling is less $5.00) ☐Yes ☐No
Name of Sibling(s): _____

Office Use Only: ☐Cash ☐ Check# _____ Amount Paid $_____ Date Paid __/__/___

**Check One Division:** ☐ U6(4-5yr old) ☐ U8(6-7yr old) ☐ U10(8-9yr old)
☐ U13(10-12yr old) ☐ U15 (13-14yr old)

**Days Unavailable for Practice:** _____
Requests are not guaranteed, but every effort will be made to accommodate needs

**Do you know a company/organization that is willing to sponsor your child's team?**
☐Yes ☐No If Yes, Sponsor Name: _____

**Family Volunteers:** ☐Head Coach ☐ Asst. Coach ☐Practice Helper ☐Referee ☐ Concession Stand
(If Head or Assistant Coach) Coach's Shirt Size(s): ☐ Ad Sm ☐Ad Med ☐Ad LG ☐Ad XL ☐Ad XXL
(All coaches and assistant coaches must pass a criminal background check.)

<<<<<<<<<<<<<<<MUST COMPLETE OTHER SIDE>>>>>>>>>>>>>>>

I, _____, (print parent name) give permission for _____(child) to participate in the Walkerton Soccer League. **WAIVER OF LIABILITY AND DISCLAIMER** 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. Initial Here_____

**UNIFORM/EQUIPMENT REQUIREMENT**

The registration fee includes the uniform shirt. Players will dress in appropriate attire according to the weather, but players must: have their team shirt exposed, wear shin guards covered by a pair of high socks, running shoes or Soft-cleated soccer shoes (No metal cleats or shoes with a front toe cleat may be worn at any time.) Shirts shall be tucked in the pants. Officials may allow exceptions ONLY for weather reasons.

Illegal equipment shall not be worn by any player. This applies to any equipment which, in the opinion of the referee is dangerous or confusing. Such as ball caps, visors, casts or braces made of any hard material. Jewelry shall not be worn except for religious and medical medals. Religious medals must be taped and worn under the uniform. Medical alert must be taped and may be visible.

**MEDICAL INFORMATION**

Does the player have any disabilities/handicaps, current injuries, medical limitations or other significant condition? ☐Yes ☐No

If yes, please describe in complete detail: _____

Known allergies of this player, including allergies to medicine: _____

*This information is for medical necessity only.* Initial Here _____

**EMERGENCY AUTHORIZATION**

I, the undersigned parent or legal guardians of the player, hereby authorize the coaches, assistant coaches, or parents of the team members acting in the capacity of activity supervisors, as my Agents, to consent to medical, surgical, dental examination and/or treatment. In case of emergency, I hereby authorize the treatment and/or care at any hospital. I will be personally responsible for any and all expenses incurred by my child. Initial Here _____

**PARENT CODE OF CONDUCT**

I understand as a parent of a youth player, I will conduct myself in a respectful, orderly fashion at all times. I understand alcohol & smoking are not allowed at any youth games. I will not wear apparel depicting drugs, alcohol, or foul language. Foul language will not be tolerated. **I will offer my support in a positive manner to my child, the coach, and other team(s) members.** It is the responsibility of the coach to have discussions with the umpires regarding disputes. Parent/umpire disputes will not be tolerated nor will parent/coach disputes. This is a NO TOLERANCE offense, you will be asked immediately to leave with your child. Initial Here _____

**INCLUSION POLICY**

Walkerton Parks Board has implemented an Inclusion Policy for all of their programs. A copy of this policy can be obtained at any time.

My child requires special accommodations for which I have provided a written request. ☐Yes ☐No Initial Here _____

By signing below, I am stating that I have read and understand the above information and that I will abide by the Parent Code of Conduct.

**MEDIA RELEASE**

The Walkerton Parks & Recreation Department would like to take photos to be put in the media. Your child's name and image could be put in newspapers, our website and/or social medial. If this is a problem, please ask for a DENIAL FORM. Otherwise we will use this registration form as our permission to use their image and/or name. Would you like a DENIAL FORM? ☐YES ☐NO

All information that I have provided is true and accurate. Parents/Guardians

Signature_____Date: _____

**For a full list of rules and regulations, please visit http://www.walkerton.org/wordpress1/parks/soccer/**

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

<<<<<<<<<<<<<<<MUST COMPLETE OTHER SIDE>>>>>>>>>>>>>>>