

City of Pataskala 2017 FALL SOCCER REGISTRATION 2017 Rev 2-26-17
ONLINE REGISTRATION AVAILABLE AT www.cityofpataskalaohio.gov

ABSOLUTE DEADLINE for registration is postmarked or completed online by March 5th.

A LATE FEE of \$10.00 for those received after March 4th. Registrations received after March 4th are not guaranteed placement on a team. Closed when Teams are Full. Volunteer coaches set practice day and times.

Register in person on Saturday, March 4th from 10am-2pm at Foundation Park Soccer Fields.

- Children must be 4 years of age by April 8th. Players may not be older than 14 years of age as of April 8th or in 9th Grade.
- **\$65.00 per participant.** Payment must accompany registration form and form must be signed to assure registration, maximum of \$195.00 in registration fees per family per season, excluding late fees. *12.00 Fee for each returned check.
- All soccer players are required to wear protective shin guards and socks that completely cover the shin for all practices and games.
- All players must wear green and white reversible jerseys that will be available for purchase for \$20.00 at the concession stand at practice times one week prior to opening day and on opening day. ***Absolutely no jewelry, including earrings, are permitted during practice or play.**
- * **No Refunds** will be made after the coaches meeting has been held. *No smoking in or around the soccer areas. *Dogs are not permitted at soccer fields.

*** Due to the size of the league, team requests will only be honored in extreme extenuating circumstances and must be approved by the Park Manager.**

Player's Contact Information: PLEASE WRITE LEGIBLY. Preferred Method of Contact: Email _____ Phone _____

Last Name: _____ First Name: _____ MI _____ Sex _____ Age _____ (as of 4/8/17)

Address: _____ City: _____ State: _____ Zip: _____

Contact Phone: _____ Contact Email: _____ Birthdate: ____/____/____

Text: Y N

Player Skill Level: Beginner _____ Experienced _____ Advanced _____ Unsure _____

Parent's Name: _____ Contact Phone: _____ Text Msg: Y N

Parent's Name: _____ Contact Phone: _____ Text Msg: Y N

List Any Medical Conditions or Prohibitions the player may have: _____ None

Please check the areas in which you are willing to assist: _____ Coach _____ Asst. Coach

***Program relies on Volunteers to Coach and Assistant Coach the teams. Please consider volunteering to Coach, Assistant Coach or Assist with Concessions**
 Each Selected Head Coach will receive one registration fee reimbursement at the end of the season.*

Consent for Medical, Rules and Photography: As the parent or legal guardian of the above named player, I hereby give consent for the adult in charge to obtain emergency medical care as deemed reasonably necessary or prescribed by a duly licensed Doctor of Medicine. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent child. Furthermore, I hereby affirm that the player and I have read the web posted Rules and Responsibilities for Players, Parents and Coaches and agree to abide by them, and all applicable Pataskala City Ordinances, as a condition for registering my child. Furthermore, as a participant in the City of Pataskala Recreational Soccer Program, I hereby grant the organization permission to use likeness and/or photos in marketing and advertising material.

Signature of Legal Guardian

Date: _____

Liability Waiver and Release: I, the parent/guardian of the above named player, a minor, in consideration of the player's participation in the City of Pataskala recreational soccer program, agree that the registrant and I will abide by the Rules of the program, its affiliated organizations (OSYSA, US Youth Soccer), and all applicable sponsors. This is to certify that I, as parent/guardian with legal responsibility for my minor child or ward, acknowledge that my child or ward will be engaged in activities that involve risk of injury at the City of Pataskala recreational soccer program and that I do recognize and assume that risk, whether foreseeable or not reasonably foreseeable, on behalf of my child or ward, and consent on behalf of my child or ward, in connection with participation in activities of recreation and instruction at the City of Pataskala recreational soccer program. On behalf of my child or ward and his/her legal representatives, I hereby release, forever discharge, and agree to indemnify the City of Pataskala recreation soccer program as well as the City of Pataskala, and its officials (elected and appointed), employees, volunteers, administrators, directors, agents, coaches, insurers, other participants, and sponsor agencies from any and all claims and damages instituting or arising out of my minor child's or ward's involvement or participation in the programs at the City of Pataskala recreational soccer program.

Name: _____ (please print)

Signature: _____ Date: _____

Order Jersey - Yes _____ No _____

SIZE _____

Registration Fee: (\$65.00 per player): \$ _____
 \$10.00 Late Fee if postmarked after March 5th 2017 \$ _____
 Jersey (20.00): \$ _____
 Total Payment Enclosed: \$ _____

Mail signed Registration Form and Full Payment to:

City of Pataskala Parks Department, 621 W Broad St., Suite 2B, Pataskala, Ohio 43062

A late fee of \$10.00 applies for registrations mailed, postmarked, or received After March 4, 2017