

WHITESBORO P.A.R.D. YOUTH SOCCER

REGISTRATION DEADLINE – FRIDAY, AUGUST 12TH, 2011 AT 5:00PM

REGISTRATION FEE - \$ 35.00

LATE REGISTRATION FEE - \$ 45.00 (TAKEN ONLY IN CASES OF SHORTAGES ON ROSTERS)

FAMILY DISCOUNT: 2 CHILDREN - \$5.00 OFF TOTAL FEE / 3 CHILDREN - \$10.00 OFF TOTAL FEE

CALL P.A.R.D. ABOUT SCHOLARSHIP AVAILABILITY AND PAYMENT PLAN IF NEEDED (903-564-5964)

No scholarships will be given after the deadline. No exceptions! Any registration made after the deadline will require the full fee and a \$10 late fee!

SEND COMPLETED FORM, FEE AND COPY OF BIRTH CERTIFICATE TO PO BOX 340, WHITESBORO, TX 76273 OR BRING TO P.A.R.D. AT 400 N. WILSON. **DO NOT SEND TO SCHOOL**

LEAGUE AGE DIVISION DETERMINED BY AGE ON OR BEFORE :.....AUGUST 31, 2011

LEAGUE AGE DIVISION THIS SEASON : (CIRCLE ONE) U6 (4&5 YR. OLDS) / U8 (6&7 YR. OLDS) / U10 (8&9 YR. OLDS)

(PLAYER'S LEGAL NAME) LAST NAME _____ FIRST _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE _____

DATE OF BIRTH—MONTH _____ DAY _____ YEAR _____ MALE/FEMALE _____

SCHOOL _____ GRADE _____

FATHER'S NAME _____ OCCUPATION _____

MOTHER'S NAME _____ OCCUPATION _____

FATHER'S BUS. PHONE _____ MOM'S BUS. PHONE _____

EMAIL _____

MEDICAL PROBLEMS OF PLAYER _____

DOCTOR TO NOTIFY IN EMERGENCY _____ PHONE _____

PERSON TO NOTIFY IN EMERGENCY(NOT PARENTS) _____

PHONE NUMBER _____

SHIRT SIZE – CIRCLE ONE YS 6-8 / YM 10-12 / YL 14-16 / AS / AM / AL / AXL / AXXL

LIABILITY WAIVER AND CONSENT FOR MEDICAL TREATMENT

I, HEREBY GIVE MY APPROVAL FOR THE ABOVE-NAMED TO PARTICIPATE IN THE PARD YOUTH SPORTS PROGRAM. I ASSUME ALL RISK AND DO HEREBY WAIVE, RELEASE AND AGREE NOT TO HOLD THE CITY OF WHITESBORO, THE PARD, THE ORGANIZERS, SPONSORS, SUPERVISORS, PARTICIPANTS AND PERSONS TRANSPORTING MY CHILD RESPONSIBLE FOR ANY INJURY THAT MAY BE INCURRED WHILE PARTICIPATING IN THE PROGRAM. AS THE PARENT OR LEGAL GUARDIAN OF THE ABOVE-NAMED PLAYER, I HEREBY GIVE CONSENT FOR EMERGENCY MEDICAL CARE PRESCRIBED BY A DULY LICENSED DOCTOR OF MEDICINE OR DENTISTRY. THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL-BEING OF MY DEPENDENT. I DO HEREBY FULLY AND FREELY CONSENT TO THE USE OF THE PARTICIPANT'S PHOTO FOR PROMOTIONAL PURPOSES ON BOTH PRINTED MATERIALS AND WEBSITES. I DO HEREBY RELEASE AND HOLD HARMLESS THE CITY OF WHITESBORO FROM ANY LIABILITY ARISING OUT OF SAID PARTICIPATION IN A PUBLICATION, ADVERTISEMENT, AND/OR PROMOTION.

SIGNATURE OF PARENT/GUARDIAN _____

ARE YOU INTERESTED IN BEING A HEAD COACH (CIRCLE ONE) YES / NO

SIBLINGS PLAYING IN LEAGUE(NAME & AGE) _____

-----cut off & keep-----

*******SOCCER WILL HAVE A SCOUT DAY & COACH DRAFT FOR U-8 AND U-10 THIS YEAR*******

WE WILL ALSO HAVE A COACH DRAFT FOR U-6

SCOUT DAY WILL BE SATURDAY, AUGUST 27th AT WHITESBORO SOCCER FIELDS

W'BORO U-8.....8:30 AM

W'BORO U-10.....9:15 AM

C'VILLE U-8.....9:45 AM

C'VILLE U-10.....10:15 AM

IF YOU HAVE ANY QUESTIONS ABOUT YOUR TIME OR AGE GROUP, PLEASE CALL 903-564-5964

ALL PLAYERS ARE ENCOURAGED TO BE PRESENT AT SCOUT DAY.