

Oakboro Parks & Recreation

E-mail is preferred communication. Please provide best e-mail address.

Ages 3 – 17 \$75.00 Fee

Please Print Clearly

Child's Full Name: _____

Parent/Guardian's Name(s): _____ Best Phone: _____

Best Email: _____

Child's mailing address: _____
Street or Box City/State/Zip

**** PARTICIPANTS MAY BE ASKED TO PROVIDE COPY OF BIRTH CERTIFICATE. DO NOT SEND IN WITH FORM****

Child's Date of Birth (month/date/year): ____/____/____ Male ____ Female ____
(PLEASE make sure this is accurate. An error could result in disqualification)

Has your child ever participated in organized soccer before? Yes No If yes, how many years? _____

Shirt Size:	YXXS	YXS	YS	YM	YL	AS	AM	AL	AXL	AXXL
Measurements	(22-24)	(26-28)	(30-32)	(32-34)	(34-36)	(36-38)	(38-40)	(40-42)	(44-46)	(48-50)

Does your child presently take any medications or have any type of physical condition that the coach should be aware of? Yes No
If Yes, Describe _____

Name and Phone of Family Physician: _____

PERMISSION AND RELEASE STATEMENT:

(Name of Child): _____ (the registrant) has my permission to participate in the Town of Oakboro Parks and Recreation Soccer Program. I agree to abide by the rules applicable to this program.

Recognizing the possibility of physical injury associated with participation in sports, I hereby release, discharge and/or otherwise indemnify Town of Oakboro Parks and Recreation and any affiliated organizations and sponsors, their employees and associated personnel (including owners of fields and facilities utilized for the program) against any claim by or on behalf of the Registrants as a result of his/her participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

I further release, discharge, and agree to hold harmless and indemnify the coaches of the Registrant's team from any and all liability, claims, or demands arising from participation in the soccer program, specifically to include any and all claims for personal injuries sustained while present or participating in said program or traveling to or from events in said program or while on trips sponsored by or in conjunction with said program.

I understand that participation in soccer requires that my child be in sound physical condition, and I assume responsibility for his/her condition. In addition, in my absence I do hereby authorize the coaches or designated adults of the registrant's team, if after reasonable attempt has been made to reach a parent or guardian (or if sound medical practice decrees that there is not time to make such an attempt) to consent to any medical treatment or examination deemed necessary by a licensed qualified physician.

Refunds will not be issued after the 2nd practice. A prorated refund will be calculated to offset insurance fees and uniform costs.

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

Volunteers are APPRECIATED!!! Please circle any area in which you would be willing to help.
Without parent support, the program would not be successful.

COACH or ASSISTANT COACH (Background Check Required)

Stop by Oakboro Town Hall or mail completed form and fee on/before February 28 to:

Town of Oakboro
PO Box 610
Oakboro, NC 28129

After February 28th, the fee will be \$85.00.
Any questions, contact Josh Almond at jalmond@oakboro.com

Check # _____ Cash _____