

# PICKENS COUNTY RECREATION DEPARTMENT 2010 SOCCER REGISTRATION FORM

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(LAST) (FIRST) (M.I.)

Please circle one:            Male            Female

*ALL Soccer Teams Will Be Co-Ed    Age as of August 1, 2010* \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_, GA Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

Uniform Size (circle one ) \*\*\*\*\* When in doubt-order a larger size!!!

**SHIRT SIZE:**        Youth    XS    S    M    L    XL                    Adult    S    M    L    XL    XXL

**SHORT SIZE:**       Youth    XS    S    M    L    XL                    Adult    S    M    L    XL    XXL

**SOCK SIZE:**        Small \_\_\_\_\_        Medium \_\_\_\_\_        Large \_\_\_\_\_

Are you or someone in your family interested in being a Volunteer? Circle one if you are interested in any of the following.

**Head Coach**

**Assistant Coach**

Has your child participated in this activity before? (Y/N) \_\_\_\_\_ # of Yrs. \_\_\_\_\_

**AGE GROUP:** (check one)\*\*\* Please Do Not ask to play in a lower age group if your age requires you to move up.

- |                      |                    |       |                |                                 |
|----------------------|--------------------|-------|----------------|---------------------------------|
| <b>U6</b>            | (4-5 years)        | _____ | <b>\$75.00</b> |                                 |
| <b>U8</b>            | (6-7 years)        | _____ | <b>\$75.00</b> |                                 |
| <b>U10</b>           | (8-9 years)        | _____ | <b>\$85.00</b> | (includes GYSA Membership fees) |
| <b>U12</b>           | (10-11 years)      | _____ | <b>\$85.00</b> | (includes GYSA Membership fees) |
| <b>U14</b>           | (12-13 years)      | _____ | <b>\$85.00</b> | (includes GYSA Membership fees) |
| <b>U16 &amp; U19</b> | (16 years & above) | _____ | <b>\$50.00</b> | (No uniform provided by PCRD)   |

**EMERGENCY INFORMATION:**

Emergency Contact (Other Than Parent) \_\_\_\_\_

Contact Phone # \_\_\_\_\_ Relation \_\_\_\_\_

Name of Insurance Co. \_\_\_\_\_

List any physical or mental defects or diseases that your child may have such as epilepsy, heart murmur, asthma, food or insect allergies, etc. Also, please include any other special medical information or history that we should know about your child. \_\_\_\_\_

**PLEASE READ & SIGN:**

**PARTICIPATION / TRANSPORTATION CONSENT:**

I HEREBY GIVE PERMISSION FOR THE CHILD LISTED TO PARTICIPATE IN THE ACTIVITY LISTED ON THE REGISTRATION FORM. I HEREBY ACKNOWLEDGE THAT THERE ARE OBVIOUS RISKS OF INJURY INVOLVED IN PARTICIPATION IN ALL SPORTS ACTIVITIES AND SPECIFICALLY, THE SPORTS ACTIVITY FOR WHICH I HAVE REGISTERED MY CHILD. I THE PARENT/GUARDIAN OF SAID CHILD, ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION INCLUDING TRANSPORTATION TO AND FROM THE ACTIVITIES, AND DO HEREBY WAIVE, RELEASE, ABSOLVE AND INDEMNIFY AND AGREE TO HOLD HARMLESS THE PICKENS COUNTY RECREATION DEPARTMENT, PICKENS COUNTY COMMISSION AND ITS EMPLOYEES AND AGENTS, THE SPONSORS, SUPERVISORS, PARTICIPANTS AND PERSONS TRANSPORTING THE CHILD TO AND FROM ACTIVITIES, FOR ANY CLAIM ARISING OUT OF INJURY TO THE CHILD, I DO HEREBY COVENANT THAT ON MY BEHALF AND FOR THE MINOR NOT TO FILE A CLAIM OR BRING SUIT WITH RESPECT TO ANY SUCH INJURY OR DAMAGE. I FURTHER UNDERSTAND THAT PICKENS COUNTY RECREATION DEPARTMENT PROGRAMS ARE RECREATIONAL AND THAT IF MY CHILD, MY SPOUSE OR I SHOULD EXHIBIT CONTINUED UNSPORTSMANLIKE CONDUCT, MY CHILD MAY BE REMOVED FROM THE PROGRAM AT THE DISCRETION OF THE DEPARTMENT.

**CONSENT OF TREATMENT:**

I ALSO GIVE PERMISSION TO A REPRESENTATIVE OF THE PICKENS COUNTY RECREATION DEPARTMENT AND/OR OTHER SPONSORING AGENCY/AGENT, LICENSED PHYSICIAN AND EMERGENCY MEDICAL PERSONNEL TO OBTAIN MEDICAL TREATMENT FOR THE MINOR OF WHICH I AM EITHER PARENT/GUARDIAN SHOULD THE CHILD BECOME INJURED OR ILL IN THE EVENT I AM NOT AVAILABLE AND MEDICAL TREATMENT IS REQUIRED. THE PHYSICIANS, MEDICAL PERSONNEL, AGENTS, PICKENS COUNTY COMMISSIONER OR EMPLOYEES OF THE PICKENS COUNTY RECREATION DEPARTMENT ARE HEREBY RELEASED FROM ANY CLAIM WITH RESPECT TO SUCH INJURY DURING THE EVENT OF PROGRAM, INCLUDING TRANSPORTATION TO OR FROM THE EVENT AND/OR PROGRAM. I UNDERSTAND THAT IF HOSPITALIZATION OR MEDICAL TREATMENT OF A MORE SERIOUS NATURE IS REQUIRED, I WILL BE CONTACTED IF AT ALL POSSIBLE BY TELEPHONE FOR PERMISSION. I HAVE READ AND FULLY UNDERSTAND THE PROVISIONS OF THE ABOVE RELEASES AND WILL BE BOUND THEREBY. I UNDERSTAND HEALTH OR ACCIDENT INSURANCE, WHICH WOULD COVER MY CHILD'S MEDICAL, HOSPITAL OR RELATED EXPENSES IN THE EVENTS OF AN INJURY IN THIS ACTIVITY, IS MY RESPONSIBILITY.

**REFUNDS / SPECIAL REQUESTS:**

NO REFUNDS WILL BE GIVEN AFTER TEAMS ARE SELECTED FOR THIS SPORT OR FIRST DAY OF CLASS/ACTIVITY FOR SPECIAL PROGRAMS. BY SIGNING THIS CONSENT FORM I ALSO STATE THAT I HAVE READ AND UNDERSTAND THE PICKENS COUNTY RECREATION DEPARTMENT REQUEST POLICY AND HAVE SIGNED AND AGREED TO ABIDE BY THE PARENTS CODE OF ETHICS.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**\*\*\*\*FOR P.C.R.D. USE ONLY\*\*\*\***

**PAID: \$** \_\_\_\_\_ **CASH** \_\_\_\_\_ **CHECK #** \_\_\_\_\_ **RECEIPT #** \_\_\_\_\_

## PARENT'S CODE OF ETHICS

1. I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or other youth sports events.
2. I will place the emotional and physical well being of my child ahead of a personal desire to win.
3. I will insist that my child play in a safe and healthy environment.
4. I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
5. I will demand a sports environment for my child that is free of drugs, tobacco and alcohol, and will refrain from their use at all youth sports events.
6. I WILL REMEMBER THAT THE GAME IS FOR YOUTH --- NOT FOR ADULTS!
7. I will do my very best to make youth sports fun for my child.
8. I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.
9. I will help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching or providing transportation.
10. I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches' Code of Ethics.
11. I will try to be the best Role Model I can for the youth participating in this program. This means no open criticizing of the officiating, no claiming of cheating by officials and no acting up at the games.
12. I understand that if I fail to adhere to this Code of Ethics I may be removed from the Recreational Facility and not return before I appear before the Pickens County Recreation Board and Director.

PARENTS NAME \_\_\_\_\_

CHILDS NAME \_\_\_\_\_

PARENTS PROMOTING POSITIVE SPORTS