

# GRAYSON COUNTY YOUTH SOCCER FALL 2025

*Youth Soccer Program is administered by City of Clarkson Parks & Recreation*

Call or text Kevin Johnston at (270) 528-1563 or call Clarkson City Hall at (270) 242-6997 for more information. Drop off completed forms & payment at Clarkson City Hall or mail them to P.O. Box 10, 213 Millerstown Street, Clarkson, KY 42726. Cash or checks only; no credit card payments can be accepted. Make checks payable to Clarkson Parks & Recreation.

**Registration Fee for New Players: \$70.00 for 1 child, \$130.00 for 2 children, \$185.00 for 3 or more children.**

**Registration Fee for Returning Players from Spring Season: \$60.00 per child.**

New Player Registration Fee includes admission to all games and one shirt per child.

Returning Player Registration Fee is for children who played in Spring 2025 and still have their shirts.

*U3 to U14 teams are available. Levels may be combined due to the number of registered players.*

**PLAYER INFORMATION**    ☐ New    ☐ Returning

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_ **MIDDLE NAME:** \_\_\_\_\_

**BIRTHDAY** (mm/dd/yyyy) \_\_\_\_\_ **M** ☐ **F** ☐ **LAST YEAR'S TEAM:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**PLAYER UNIFORM T-SHIRT SIZE** (circle one): **Youth:** XS (2-4) S (6-8) M (10-12) L (14-16) **or Adult:** Small Medium Large X-Large

**PRIMARY GUARDIAN:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**CELL PHONE** (for text updates): \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**SECONDARY GUARDIAN:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**CELL PHONE** (for text updates): \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**PLAYER MEDICAL CONDITION(S):** \_\_\_\_\_

## CONSENT FOR MEDICAL TREATMENT

As the parent/legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

**Parent Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

## WAIVER AND PERMISSION

I, the parent/guardian of the registrant, a minor, hereby agree that I and this player will abide by the rules and code of conduct of Clarkson Parks & Recreation, its affiliated organizations, and sponsors. Recognizing the possibility of physical injury associated with soccer, and in consideration for Clarkson Parks & Recreation accepting the registrant for its soccer programs and activities (the "Program"), I do hereby release, discharge and/or otherwise indemnify Clarkson Parks & Recreation and its affiliates, its employees, volunteers, and associated personnel, including the owners of the fields and facilities utilized for the Program, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Program and/or being transported to or from the same, which transportation I do hereby authorize.

Permission is hereby granted for the use of the player's name and/or images for printed and/or other media to help promote youth soccer in Clarkson and Grayson County.

**Parent Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### PARENTAL SUPPORT

Would you like to be a coach or help with our program? Please check the area(s) in which you would be willing to help. Thank you!!

|                  | Primary Guardian | Secondary Guardian |
|------------------|------------------|--------------------|
| Coach            |                  |                    |
| Assistant Coach  |                  |                    |
| Team Sponsorship |                  |                    |
| Other            |                  |                    |

**FEES MUST BE PAID WITH REGISTRATION & ARE NON-REFUNDABLE**  
Or ask about a payment plan option.

**Fee per Child:**

**Number of Children:**

*(Sibling discount is included in the fee for multiple children)*

**Total Due:**

\$ \_\_\_\_\_

x \$ \_\_\_\_\_

\$ \_\_\_\_\_

**Thank you!!!**

**Clarkson Parks & Recreation Use Only:**

Total Fee \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Received By \_\_\_\_\_ Date Received \_\_\_\_\_