

GRAYSON COUNTY YOUTH SOCCER SPRING 2023

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: \$70.00 for 1 child, \$130.00 for 2 children, \$185.00 for 3 or more children.

Fee includes admission to all games and two shirts per child.

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

Due to league growth, TEAM PLACEMENT REQUESTS cannot be honored.

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 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, 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

Player will not be assigned to a team until full payment is received.

Fee per Child:

\$ _____

Number of Children:

x \$ _____

(Sibling discount included in fee for multiple children)

Total Due:

\$ _____

Thank you!!!

Clarkson Parks & Recreation Use Only:

Total Fee _____ Check # _____ Cash _____ Received By _____ Date Received _____