

**Columbus County Parks & Recreation Soccer League
Fall Recreation Youth Soccer Registration**

Registration Fee is \$30.00 per child.

MAKE CHECKS PAYABLE TO COLUMBUS COUNTY PARKS & RECREATION

Player's First Name _____ Last Name _____

Child's age as of August 31 of current year _____ Date of Birth ____/____/____ Sex M F

Street Address _____ City _____ ZIP _____

Contact Phone _____ Emergency Phone _____

E-mail address _____

If your child's birthday is between September 1st and November 30th, do you want them to play up in the next higher age division, if age allows (circle one) **YES or NO**

Names of any sibling's playing _____ AGE _____

UNIFORM SHIRTS FOR PLAYERS – Please circle appropriate size

YOUTH SIZES: 6/8 Y-SM - 10/12 Y-MED - 14/16 Y-LG

ADULT SIZES: 34/36 A-SM - 38/40 A-Med - 42/44 A-LG - 46/48 A-XL - 2XL

Youth and Adult shirt sizes (circle required size); if no size is marked, a Y-Med will be provided. If the parent / guardian request the incorrect uniform shirt size, he or she is responsible for any additional shirts, set up fees and shipping and handling cost if applicable.

Player registered must be between the ages of 4 and 12 as of August 31 of the current year, there will be no exceptions to the rule. Any applications containing ages under 4 and over 12 will be returned unprocessed. Applications cannot be accepted or processed if they are incomplete, unpaid or do not have the required birth certificate (new players).

Refund requests for the current fall soccer season must be submitted in writing to Recreation Director, C/O Columbus County Parks & Recreation, 606 N. Thompson Street, Whiteville, NC 28472, no later than July 31 of the current season. Any request after that date will not be honored.

Parents Sportsmanship Pledge

I pledge to promote positivity in youth sports and act as a role model to my child, as well as other participants and parents I meet. I will serve as an advocate for good sportsmanship and to keep fun and learning at the center of the youth sports experience. I will try to improve upon my youth sports knowledge so that I can be an informative leader in the youth sports community.

I have read the Parents Pledge and agree to uphold the ethics and values stated. By not adhering to this pledge, additional actions may be warranted by Columbus County Parks and Recreation.

I have received a copy of NYSCA's Concussion and Bullying Awareness Prevention Training for parents and I will apply this training during practice and games. I understand that my child's coach has received NYSCA's Concussion and Bullying Prevention Training for coaches, he/she may remove my child from games or practices if deemed necessary according to his/her training.

Parental Permission and Player Participation: Signature Required

Having been informed of the organization of the Columbus County Parks and Recreation Soccer League to provide organized soccer games for youth, I, one of the parents or guardians of the above named candidate, do hereby give my

approval for my child's participation in any and all activities. I do release, absolve, and hold harmless the Columbus County Parks and Recreation Soccer League, and all others listed hereafter; organizers, employees, officers, board members, coaches, referees, sponsors, supervisors, and land owners permitting the use of their land for soccer activities, any and all of them, I further agree to abide by the rules, regulations, and decisions of the Columbus County Parks and Recreation Soccer League. In case of injury to my child, I waive all claims against organizers, sponsors, or any supervisors appointed by them.

I understand that the above information, provided by me, may be given to my child's coach. No jewelry of any form may be worn during practice and games, unless it is medically necessary. (Bracelets made of soft/safe materials will be acceptable) All players must wear shin guards covered at all times during practice and games. I understand that I am not guaranteed a specific coach or team for my child regardless of my request or conditions.

Parental /Guardian Signature: _____ Date: ___/___/___

PRINT NAME OF PARENT OR GUARDIAN: _____

OFFICE USE ONLY

Amount Paid _____ Cash/Check _____ Date ___/___/___ Birth Certificate _____

New Player _____ Return Player _____ Important Notes _____

Parent/Guardian received Bullying Prevention and Concussion Training for Parents