



# NORTHAMPTON COUNTY PARKS & RECREATION



## YOUTH SOCCER REGISTRATION FORM COMPLETE ONE FORM PER CHILD

Date: \_\_\_\_\_

Registration Fee: \$35 After deadline \$40

Please Circle One: Male Female

T-Shirt Size: Youth—S M L or Adult—S M L XL

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Please Check one: New Player: \_\_\_\_\_ Returning Player: \_\_\_\_\_ What team returning to: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

### In Case Of Emergency

Contact #1 \_\_\_\_\_ Contact #2 \_\_\_\_\_  
 Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Cell Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

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Participant's Medical Conditions: \_\_\_\_\_

Participant's Allergies: \_\_\_\_\_

**MEDICATION CAN NOT BE GIVEN OUT BY ANY ONE EMPLOYED BY NORTHAMPTON COUNTY PARKS AND RECREATION.**

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### WAIVER OF LIABILITY

I am aware of the nature of this activity and I hereby assume responsibility for \_\_\_\_\_  
(Participant's Name)

To participate and to be photographed for publicity purposes. I will not hold the County of Northampton, the department of parks and recreation (NCP&R) and/or its employees responsible in the case of an accident or injury as a result of this participation. I understand that this completed form must be in the possession of the Northampton County Department of Parks and Recreation (NCP&R) prior to participation in this program. I hereby verify that all facts stated above, including date of birth are true. I on behalf of myself or my child release Northampton county and its representatives, or successors for any injuries suffered myself or my child at any activity sponsored or co-sponsored by Northampton County Parks and Recreation (NCP&R).

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

Amount Paid: \_\_\_\_\_ ( ) M.O ( ) Cash ( ) Check ( ) C.C. Receipt/Confirmation Number: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_