Red Bay Youth Soccer 2017

Mail or Bring Completed Form before AUGUST 11, 2017 4:00pm - $40.00

Late Deadline till August 15, 2016 - $50.00

Red Bay Youth Soccer P O Box 2002 Red Bay, AL 35582 www.redbaysports.com

Dean Hubbard 256-668-2605 Please Print All Information

Players Name: _____ Gender M ☐ F ☐ Date of Birth: ____/____/____ Age: _____

Last First MI

Height: _____ Weight: _____ Years played in league: _____

Address: _____ Zip: _____

Phone: _____ Current School Attending: _____

Age at August 1, 2017

☐ 4-6 Age Coed
☐ 7-9 Age Coed
☐ 10-12 Age Coed
☐ 12 -15 Age Coed

$40.00 Per Player, $50.00 late Registration after AUGUST 11
Includes Jersey, Shorts and Socks -

Father: _____ Cell: _____ Receive text Yes ☐ No ☐

Mother: _____ Cell: _____ Receive text Yes ☐ No ☐

Email: _____

I/We the parents of the above named youth, hereby give my/our approval to his/her participation in **SOCCER** program being conducted by the Red Bay Youth **SOCCER** during the current season. **I assume all risks and hazards incidental to such participation** including transportation to and from the activities and I/We do hereby waive, release and agree to hold harmless the **Red Bay Youth SOCCER or City of Red Bay, AL**. the organizers, officers, directors, participants and persons transporting my child to/from activities, from any claim arising out of injury to my child. I also give my permission to the person in charge of the activity to take my child to the doctor or the hospital/ clinic in case of injury. I will furnish proof age certification upon request or when needed for tournament games. **Refunds will be made in full if requested before the teams are selected**. All requests for refunds should be made to Director of Red Bay Parks and Recreation Department. There will be NO refunds once the teams are selected. **Coaches, Assistant Coaches or Assistants** must submit to having a **background investigation** performed by the Red Bay Park and Recreation Department or its representative and also must **be certifiable** by the NCSS or Heads Up Concussion course.

In Case of Emergency Contact: _____ Phone: _____

How did you learn about signups? www.redbaysports.com TV12 Red Bay News Signs

As a Parent, which of the following will you do for your child's team?

Coach ☐ Assist Coach ☐ Prepare Field ☐ Work Concession ☐ Team Parent ☐

Printed Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ **Date signed:** _____

Please indicate if your child has any of the following medical problems so we can be of assistance in case of emergency:

_____ Asthma **_____ Diabetes** **_____ Epilepsy or seizures**

_____ Heart Problems **_____ Allergies** **_____ Other (Please explain)**

UNIFORM SIZE

	Jersey	Shorts
Child X Small	☐	☐
Child Small	☐	☐
Child Medium	☐	☐
Child Large	☐	☐
Adult Small	☐	☐
Adult Medium	☐	☐
Adult Large	☐	☐
Adult X Large	☐	☐

$40.00 per player

After AUGUST 11, 2017
$50.00 per player

CONSENT FOR MEDICAL TREATMENT As the parent or 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. The care may be given under whatever conditions are necessary to the life, limb or well-being of my dependent.
Signature of Parent or Guardian

X _____ Date: _____

Amount Paid: $ _____ Cash ☐ Check ☐ #_____