

SPRING SOCCER

CO-ED SOCCER IS OFFERED IN THE FOLLOWING DIVISIONS: **4yr – Pre-K**, Kindergarten-1st, 2nd-3rd, 4th-5th, 6th-8th, AS OF **2019-2020** SCHOOL YEAR. COMPLETE THIS REGISTRATION FORM AND RETURN IT ALONG WITH THE REGISTRATION FEE TO THE CRC OFFICE (LOCATED IN WALTER JOHNSON PARK) DURING REGULAR OFFICE HOURS (MONDAY-FRIDAY, 9:00 AM-5:00 PM). THE CRC OFFICE PHONE NUMBER IS 251-5910. ALL REGISTRATIONS MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN - NO EXCEPTIONS!

The Coffeyville Recreation Commission recognizes the need within our community to provide assistance to residents who do not have the financial resources to participate in the fee-based services we provide. Financial aid is available for those requesting assistance with Recreation Commission youth programs.

It is a requirement that all participants wear shin guards. The CRC will have shin guards available if needed.

REGISTRATION FEE: \$15.00 IN-DISTRICT

\$20.00 OUT-OF-DISTRICT (Out of USD 445)

REGISTRATION DEADLINE: FEBRUARY 7, 2020

LATE REGISTRATION DEADLINE: FEBRUARY 14TH

(ADDITIONAL \$3.00 LATE FEE WILL BE CHARGED)

AFTER FEBRUARY 14TH KIDS WILL BE PLACED ON A WAITING LIST, THERE IS NO GUARANTEE THAT THEY WILL BE PLACED ON A TEAM FROM THE WAITING LIST.

COFFEYVILLE RECREATION COMMISSION **PARENT/GUARDIAN CONSENT FORM AND MEDICAL TREATMENT AUTHORIZATION**

NAME OF CHILD _____ MAILING ADDRESS _____

STREET ADDRESS _____ CITY _____

HOME PHONE _____ PARENT WORK PHONE _____

SEX: MALE/FEMALE (Circle One) DATE OF BIRTH: ____/____/____ AGE: ____ (As of April 1, 2020)

PRESENT GRADE: _____ (as of 2019-2020 school year) **SCHOOL CURRENTLY ATTENDING:** _____

EMAIL _____

WOULD YOU BE WILLING TO COACH A TEAM? YES () NO ()

WOULD YOU BE WILLING TO ASSIST? YES () NO ()

Parent's Name: _____ Address: _____ Phone: _____

T-SHIRT SIZE: Youth Extra Small Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16)
(Circle One) Adult Small (34) Adult Medium (36) Adult Large (38) Adult XLarge (40)

PLEASE LIST ANY MEDICAL CONDITIONS: _____

TO WHOM IT MAY CONCERN: In the event that the above named child is taken to an emergency room or medical care facility in my absence from attendance of soccer at any time during the entire season, my child's team coaches, or any member of the CRC staff, has my consent to authorize treatment for this child by a doctor(s) and/or medical personnel which may be deemed necessary. I, the undersigned, do hereby acknowledge that I have given my child permission to participate in soccer with full knowledge of the risks involved and I hereby agree to assume those risks and to hold the Coffeyville Recreation Commission, City of Coffeyville, all of their officers, employees, coaches, officials, volunteers and team sponsors free from liability for any injury, harm or complication of any kind. Furthermore, I do understand that accident insurance is NOT provided by CRC, and I hereby agree to assume full responsibility for any and all expenses resulting from any accidents or injuries suffered by the above named child while participating in soccer. I understand that a photo-copy of this document shall have the same force and effect as the original.

SIGNATURE: _____

RELATIONSHIP: _____ DATE: _____

IF THE PARENTS OF THIS CHILD ARE NOT REGISTERING THIS CHILD TO PARTICIPATE IN SOCCER, PROOF OF LEGAL GUARDIANSHIP (TYPED AND NOTARIZED AFFIDAVIT FROM THE COURT OR SRS) IS REQUIRED TO BE SHOWN, COPIED AND ATTACHED TO THIS FORM.

**** Same team requests will be met only for siblings or same household residents.**