



ARIZONA  
THE CENTER OF CANYON COUNTRY

# 2016 Youth Soccer Registration

City of Page

Recreation Department

August 27- October 6

Last Name: \_\_\_\_\_

P.O. Box: \_\_\_\_\_

Street Address: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Child's First Name: \_\_\_\_\_

DOB: \_\_\_\_\_

AGE: \_\_\_\_\_

Grade 2016-2017: \_\_\_\_\_

Years of Experience: \_\_\_\_\_

Male or Female \_\_\_\_\_

\*Child's shirt size (circle one only)

YXS (2-4)

YS (6-8)

YM (10-12)

YL (14-16)

Adult S

Adult M

Adult L

Adult XL

Child's First Name: \_\_\_\_\_

DOB: \_\_\_\_\_

AGE: \_\_\_\_\_

Grade 2016-2017: \_\_\_\_\_

Years of Experience: \_\_\_\_\_

Male or Female \_\_\_\_\_

\*Child's shirt size (circle one only)

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Adult L

Adult XL

Child's First Name: \_\_\_\_\_

DOB: \_\_\_\_\_

AGE: \_\_\_\_\_

Grade 2016-2017: \_\_\_\_\_

Years of Experience: \_\_\_\_\_

Male or Female \_\_\_\_\_

\*Child's shirt size (circle one only)

YXS (2-4)

YS (6-8)

YM (10-12)

YL (14-16)

Adult S

Adult M

Adult L

Adult XL

\*Please note one shirt per participant is provided with registration. If an incorrect shirt size is circled the registrant is responsible for replacement shirt costs. Refund requests are only approved less the cost of the shirt.

### Mother's/Legal Guardian's Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

Preferred Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Would you be interested in receiving occasional texts/emails regarding upcoming Recreation Department sports and events? Y N

### Father's/Legal Guardian's Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

Preferred Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Would you be interested in receiving occasional texts/emails regarding upcoming Recreation Department sports and events? Y N

**Registration Deadline:** August 9, if space remains after this date registrations may be accepted with a \$10/child late fee

**Registration Fees:** \$50/Pony, Mustang, Bronco, T-Bred Leagues; \$40/child Pee Wee League

### Registration Directions:

1. Submit this form and payment to City Hall (payments may not be accepted at the Sports Complex)  
In person at City Hall, 697 Vista Ave. Page, AZ, Monday – Thursday 7 AM – 5:30 PM  
By mail to City of Page, P.O. Box 1180, Page, AZ. 86040
2. If paying by check make payable the City of Page (a \$25 fee will be charged on all returned checks)
3. In an effort to create teams of similar playing ability we not accept requests to put players on the same team.

*(No refunds after August 27, 2016 ; Refunds are processed less processing fee and shirt fee)*

**Parents would you be willing to volunteer with the league?** Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Referee \_\_\_\_\_ Scorekeeper \_\_\_\_\_

**MUST BE 16 YEARS OF AGE TO BE AN ASSISTANT COACH- ALL APPLICANTS ARE SUBJECT TO A BACKGROUND CHECK,**

Organizational meeting for coaches/volunteers August 23 at 6:00 PM

**Would you be willing to sponsor another child?** Yes \_\_\_\_\_ No \_\_\_\_\_ # of children \_\_\_\_\_ \$ Amount \_\_\_\_\_

Does your child have any allergies to drugs, etc? YES \_\_\_\_\_ NO \_\_\_\_\_ Child's Name: \_\_\_\_\_

If yes, please list:

Is there any medical condition(s) that you would like to disclose about your child?

### OFFICIAL USE ONLY:

**Soccer Registration Fee per Child \$50.00 except, \$40 Pee Wee (3-4 yrs)**

Payment received by: \_\_\_\_\_ # of Children: \_\_\_\_\_ Receipt # \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Cash: \$ \_\_\_\_\_ Check #: \_\_\_\_\_

PLEASE FILL OUT OTHER SIDE!

\_\_\_\_\_ I recognize that participation in the event and the use of recreational facilities, all equipment, and facilities contained therein (collectively, the "Recreational Facilities"), have inherent risk of injury and carries with it the potential for death, serious injury and property loss.

\_\_\_\_\_ I certify that I or my child/children are physically fit, have sufficiently trained for participation in this event at the level of my or my child/children's registration and have not been advised otherwise by a qualified medical person.

\_\_\_\_\_ In consideration of my application and permitting me or my child/children to participate in this event, I hereby take action for myself, my child/children, my spouse, executors, administrators, assignees, heirs, guardians, and legal representatives and do hereby voluntarily waive and release and discharge from any liability and do further indemnify, agree to defend and hold harmless the City of Page, their officers, trustees, employees, agents, representatives, volunteers, and any department, organization or group affiliated therewith (collectively "City") for any accident, injury, illness, death, loss, theft, damage to person or property, or other consequences suffered by me or my child/children arising or resulting directly or indirectly from my or my child/children's participation in the event or use of the recreation facilities.

\_\_\_\_\_ In the event that I or my child/children is/are injured I agree to assume any financial obligation, either through my health insurance, or through some other means, for any medical costs that are incurred. By signing this agreement, I waive my right to bring any legal action now or at any time in the future to recover compensation or obtain any other remedy for any injury to me or my child/children, or my property, or for death however caused, arising out of the use of the Recreation Facilities. I expressly agree that this release is intended to be as broad and inclusive as the State of Arizona will allow. If any portion is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect. Additionally, by signing, I am verifying that myself and/or my child/children is/are physically and medically able to participate in this recreation program.

\_\_\_\_\_ I hereby give my consent and agree to be financially responsible for any emergency medical treatment necessary, including but not limited to, emergency treatment at the Recreational Facilities or Hospital Emergency Room. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk on the behalf of myself and said minor.

\_\_\_\_\_ I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and /or assigns.

\_\_\_\_\_ In compliance with the City of Page Recreation Policy, I acknowledge that I have read and understand the Concussion and Traumatic Head Injury Information Sheet and the Concussion and Traumatic Head Injury Policy that was provided to me by the City related to potential concussion and traumatic head injuries occurring during participation in sporting events. I understand the content, responsibilities and warnings therein and I agree to abide by the City's Concussion and Traumatic Head Injury Policy. I understand that if my child sustains a concussion, it is my responsibility to return a completed Qualified Health Care Provider Statement Authorizing Player to Resume Play form to the City of Page Recreation Department.

\_\_\_\_\_ I hereby certify that I have read this document; and, I understand its content.

**THE CITY DOES NOT CARRY MEDICAL/ACCIDENT OR LIABILITY INSURANCE FOR INDIVIDUALS OR TEAMS.**

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*Please list two persons, in addition to parents/legal guardians, who may be contacted in case of emergency:*

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_