

### Participant and Spectator Rules

No abusive behavior, language or profanity directed at a player, coach, referee or league coordinator will be tolerated. Violators of these policies will be given one warning. If participants and spectators do not comply they will be removed from the building or venue.

I, the parent of the registrant, a minor, agree that I and the registrant will abide by the rules of Parks and Recreation, its affiliated organizations, and sponsors. Recognizing the possibilities of physical injury associated with soccer and in consideration for the Parks and Recreation Department accepting the registrant for its soccer program and its activities, I hereby release, discharge, and/or indemnify the Parks and Recreation Dept. its affiliated organizations, their sponsors, their employees, Volunteers, and associated personnel, against any claims by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

**CONSENT FOR MEDICAL TREATMENT:** I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or wellbeing.

**RELEASE OF IMAGE:** I grant permission to the City of Batesville, its employees and agents, to take and use visual/audio images of me. Visual / audio images are any type of recording, including photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. The images may be used in any manner or media without notifying me, such as City of Batesville sponsored web sites, publication, promotions, broadcasts, advertisements, posters and theater slides. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them. I release the City of Batesville and its employees and agents, including any firm authorized to publish and/ or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking or use of the images or printed material used with the images. I have read this release before signing, I understand its contents, and I freely accept the terms.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

### **WE NEED YOUR HELP! Volunteer to Coach your child's team!**

Each year, soccer in Batesville continues to grow at a rapid rate. To continue the quality development of our program we need enthusiastic coaches. **No experience required.** Please consider being a positive role model and coaching your child's team...you will be making a huge impact!

If no parent willingly volunteers, teams may be consolidated offering less playing time to participants OR parents will be contacted and randomly designated to coach your child's team.

Name(s) \_\_\_\_\_ Contact # \_\_\_\_\_



## *Youth Soccer Program*

### Fall 2015

|                           |  |
|---------------------------|--|
| Registration              | August 3 <sup>rd</sup> - 21 <sup>st</sup>      |
| Late Registration (+\$10) | August 22 <sup>nd</sup> - 28 <sup>th</sup>     |
| Evaluation Day            | September 1 <sup>st</sup>                      |
| Practice May Begin        | September 8 <sup>th</sup>                      |
| Spring Season             | Sept. 19 <sup>th</sup> - Oct. 31 <sup>st</sup> |

### Return Registration Forms portion to:

*Batesville Parks & Recreation*

*1830 Chaney Drive,*

*Batesville, AR 72501*

870-698-2427

## Program Description

Thank you for your interest in the Batesville Youth Soccer Program. Batesville Parks & Recreation is excited to offer recreational soccer for girls and boys ages five to fourteen. The season will have two practices and one game per week (Saturday Mornings). Registration is available for the current season only. ALL PLAYERS REGISTERING WITH BATESVILLE PARKS & RECREATION ARE RANDOMLY ASSIGNED TO A TEAM BASED ON AGE. Uniforms will be provided to all registered players. There will be a background check on all coaches performed by the Arkansas State Soccer Association.

Once teams are made and uniforms ordered, registration fees are  
NON-REFUNDABLE.

## Registration Fees

|                               |                 |
|-------------------------------|-----------------|
| <b>One Child</b>              | <b>\$50.00</b>  |
| <b>Two Siblings</b>           | <b>\$95.00</b>  |
| <b>Three or More Siblings</b> | <b>\$125.00</b> |

\*\*\*A copy of players birth certificate *MUST BE ATTACHED* to registration form for player to be registered.\*\*\*

Parks & Recreation is not responsible for making copies

**Limited Confidential Scholarships are available upon request at 1 per Family based on "First come, first serve".**

**NOTE:** All registration forms must be accompanied by PAYMENT and BIRTH CERTIFICATE. Scholarships will be provided by refunds after registration is complete.

## OFFICIAL USE:

Paid by:  Cash  Check  Birth Certificate

## Registration Form

Childs Name (First and Last) \_\_\_\_\_

Sex\_\_\_\_ Player's Birthdate\_\_\_\_\_ Age (as of August 1<sup>st</sup>, 2015) \_\_\_\_\_

Address\_\_\_\_\_

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

Soccer Experience: (years played in organized soccer)

Beginner (0 yrs)  Novice (1-2yrs)  Expert (3+ yrs)

Please List any medical problems

\_\_\_\_\_

Contact Email (for practice, scheduling and coaching information)

\_\_\_\_\_

Parent (Father)  
Name\_\_\_\_\_

Primary Phone\_\_\_\_\_

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

Parent (Mother)  
Name\_\_\_\_\_

Primary Phone\_\_\_\_\_

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

Emergency Contact (**Not living in same household**):

\_\_\_\_\_ Phone\_\_\_\_\_

Doctor to notify:

\_\_\_\_\_ Phone\_\_\_\_\_

**Shirt Size** (circle one) YS YM YL AS AM AL

**Short Size** (circle one) YS YM YL AS AM AL

Race (For statistical purposes only) African American Caucasian  
Hispanic Asian Native American Other