



2017 Soccer Registration

Office use only	
Date Rec.	_____
Receipt #	_____
By: _____	Amt. _____
Cash _____	Ck# _____

Brown County Parks and Recreation

Ages 3-13

REGISTRATION DEADLINE: July 14, 2017

Name: _____

Age: _____ DOB: _____

Grade by fall 2017: _____ School: _____

Gender: _____ Yrs in Program: _____

Parent/Guardian Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____



First Game: August 20th

Please Circle Shirt Size:

Youth: S M L Adult: S M L XL

Please Circle Age as of July 31, 2017

Age: 3 or 4 Age: 5 or 6 Age: 7 or 8

Age: 9 or 10 Age: 11, 12 or 13

Please Help if You Can!

Contact me, I would like to:

Coach: _____ Assist. Coach: _____

Sponsor Team (fee \$175.00) _____

**To ensure player safety a background check will be done on all coaches and assistants.*

LIABILITY RELEASE: By signing below I, as a participant or legal guardian representing a minor participant, agree to release the Brown County Parks & Rec., its officers, employees and volunteers from any and all liability for accidents, injuries, loss of and/or damage to my/our person or property that may arise out of my/our participation in or my/our presence at the above activity(s). I/We are aware that there are certain risks or possible dangers in participating in this activity. I have entered into this agreement of my own free will.

MEDICAL RELEASE: In case of illness or accident, permission is given to take the above person to the hospital or doctor's office for whatever medical or surgical attention needed.

Emergency Contact: _____

Phone: _____

Picture Release: By signing below, I, as a participant or legal guardian representing a minor participant, agree to allow BCPR to use photographs taken at events for promotional purposes.

Code of Ethics Release: By signing below, I (we) agree to abide by, follow and comply with the rules, policies and expectations of the BCPR program and will conduct myself (ourselves) in a courteous and respectful manner by exhibiting good sportsmanship and being a positive role model for youth. I (we) also understand that failing to do so will constitute grounds for sanctions and/or dismissal from the program.

Physical Limitations (allergies, hearing, sight, etc.): _____

Parent/Guardian Signature: _____

**Practices begin in early August.
Games will be on Sundays. Space is limited.
After registration deadline please call for availability.
A \$10.00 late fee per player is applicable.
IF WRITING A CHECK PLEASE INCLUDE YOUR DRIVERS LICENSE
NUMBER ON THE CHECK. Returned Check Fee: \$20.00
No Refund of Program Fees after First Practice.
All refunds are subject to a \$2 fee
There will be no switching teams after being assigned**

Player Fees:		
Ages 3-4	=	\$35.00
Ages 5-6	=	\$40.00
Ages 7-8	=	\$45.00
Ages 9-10	=	\$45.00
Ages 11-13	=	\$45.00
<i>(\$10 discount for each additional child)</i>		

Please Read, complete, sign form, and return with payment to:

**Brown County Parks & Recreation
PO Box 299 Nashville, IN 47448
Phone: 812-988-5522
or register on-line @ bcparksrec.com**

