



Registration Fees: \$90.00 for U6 and U8 / \$110.00 for U9 and Up ***See Page 2!!! NO Checks Accepted
Non-Resident Fee: Additional 10%
Multi Child Discount: 10%
4.5% service fee for debit/credit card payments

- 1. Child's Name: First Middle Last
2. Mother's Info: First Name Last Name
Phone: Email Address:
3. Father's Info: First Name Last Name
Phone: Email Address:
4. Address: Mailing Address City State Zip
5. Primary Phone:
6. In Case of an Emergency, if parents cannot be reached, please contact:
Name: Phone Number:
7. Date of Birth: Month Day Year
8. Birth Certificate is: Attached Not Attached On-file
9. Please list any Allergies/Medical Issues, including those requiring maintenance medications (i.e. Diabetic, Asthma, Seizure disorder). Include medical diagnosis, medication, dosage, and frequency of dosage.
10. Gender: MALE FEMALE
11. Division: (Check one) Refer to the Division Placement Chart as it's based on Year of Birth!
INTRAMURAL - Co-ed: U6 U8
GIRLS: U9 U10 U11 U12 U13 U14
BOYS: U9 U10 U11 U12 U13 U14
12. Fall 2020 Grade
13. NEW or RETURNING Soccer Player
14. Current Age
15. Where will you attend School in Fall 2020?
16. Soccer Experience (number of seasons played)
17. Pediatrician or Family Physicians Name: Phone:
18. Would either parent be interested in Coaching?
HEAD Coach - DAD ASSISTANT Coach - DAD HEAD Coach - MOM ASSISTANT Coach - MOM
19. Requests + Reason: (Note: Requests are NOT guaranteed!)

STOP STOP STOP STOP STOP STOP
You're not finished until you complete Page 2 + the Uniform Sizing Form

Player's Name: _____

20. REFUNDS:

I/We, the parent(s)/guardian(s) of the above-named child, understand that refunds are not guaranteed. They will be considered depending on the circumstances. If approved, the refund amount will be determined after deducting the cost of any items already ordered for the participant.

Initials _____

21. Per Alabaster City Ordinance 95-381 I understand: **Any person who engages in arguments, uses abusive language, harasses game or league officials or exhibits any unsportsmanlike behavior may be barred from parks and/or recreation facilities and/or prosecuted.**

Initials _____

22. OBSERVATIONS:

I will have my child present at their designated time (TBA) for Observations; or contact Nik McCrimon if unable to attend.

Initials _____

23. MEDICAL AUTHORIZATION/CLAIM & REIMBURSEMENT DISCLAIMER:

I/we, the parent(s) and/or legal guardian(s) of the above-named candidate, know that participation in Alabaster Youth Sports may result in serious injury(ies), and moreover protective equipment does not prevent all injuries to participants. Therefore, I do in consideration of being allowed to participate in the above named activity, hereby assume all responsibility for said activity and/or child. I authorize the City of Alabaster Parks and Recreation Department (CAPRD) to obtain necessary medical care and treatment for the participant for any illness or injury occurring during the activity period, but I understand CAPRD is NOT assuming a duty to obtain medical treatment, make medical decisions, or render medical care or treatment to the participant. I understand that CAPRD has NO ACCIDENT or MEDICAL PAYMENT INSURANCE COVERAGE for the participant and I agree to pay all reasonable medical costs incurred if treatment is obtained. I release, indemnify and agree to hold harmless, CAPRD and its agents, elected officials, servants, and employees from all claims, action, causes of action and rights of recovery or reimbursements of any type that any participant has or may have in the future which arise from or are related in any manner to the activity(ies) (including, but not limited to, claims of bodily injury and property damage or loss), and I assume all risks and hazards incident to such activity(ies) and transportation to and from the same. This instrument is signed both individually and on behalf of the participant(s) present at activity(ies).

Initials _____

24. TREATMENT AUTHORIZATION:

In case of an emergency, if I, or the family physician, cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, ER Physician).

Initials _____

25. PARENTAL AUTHORIZATION:

I hereby give my approval for the above-named child to participate in all Soccer activities during the current season. I am the parent or legal guardian of the child that I have registered. I certify that all information given is correct.

Authorized Parent/Guardian Signature

Date

*****PAYMENTS:** Due to the current uncertainty of everything related to the Pandemic, we are not accepting any payments until we know we can move forward with the season. Please watch for future emails from us as well as website updates regarding this situation.

Please complete the Uniform Sizing form and then you'll be finished!

Thanks! 

FOR OFFICE USE ONLY

Amount Paid _____

Cash Discover Master Card Visa Debit

Receipt No. OR Last 4 digits of Charge Card _____

Authorization Code _____

Date Paid _____

Employee initials _____

2020 Fall Soccer UNIFORM SIZES

1. Child's Name: First _____ Last _____

2. Gender: MALE FEMALE

U6/U8

3. **Division:** (Check one)

- **Co-ed:** U6 U8

4. **Sizes:** (Check one)

*There will be fittings at a later date if you're unsure of your child's sizes!

- **Will wait to determine sizes at Fittings:** Yes
 - **JERSEY:** YS YM YL
 - **SHORTS:** YS YM YL
-

U9 thru U14

3. **Division:** (Check one)

- **GIRLS:** U9 U10 U11 U12 U13 U14
- **BOYS:** U9 U10 U11 U12 U13 U14

4. **Sizes:** (Check one)

*There will be fittings at a later date if you're unsure of your child's sizes!

- **Will wait to determine sizes at Fittings:** Yes
- **JERSEY:** YS YM YL YXL AS AM AL
 AXL
- **SHORTS:** YS YM YL AS AM AL AXL