



Registration Fees: \$90.00 for U6 and U8 / \$110.00 for U9 and Up

NO Checks Accepted

Non-Resident Fee: Additional 10%

Multi Child Discount: 10%

3.5% 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

BOYS: [] U9 [] U10 [] U11 [] U12 [] U13

12. Fall 2021 Grade _____

13. [] NEW or [] RETURNING Soccer Player

14. Current Age _____

15. Where will you attend School in Fall 2021? _____

16. Soccer Experience (number of seasons played) _____

17-A. Pediatrician or Family Physicians Name: _____ 17-B. 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 [Arrow]
You are 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 for Observations (see Page 1 of Important Dates and General Information), 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

Please complete the Uniform Sizing form and then you will 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 _____

2021 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)*

- Samples will be available August 2 at 8:00 AM thru August 5 at 8:00 AM if you need to confirm your child's sizes!
 - They will be on the front porch at the Parks and Recreation Office.
 - **JERSEY:** **YS** **YM** **YL** **AS**
 - **SHORTS:** **YS** **YM** **YL** **AS**
-

U9 thru U14

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

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

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

- Samples will be available August 5 at 8:00 AM thru August 9 at 8:00 AM if you need to confirm your child's sizes!
- They will be on the front porch at the Parks and Recreation Office.
- **JERSEY:** **YS** **YM** **YL** **YXL** **AS** **AM** **AL**
 AXL
- **SHORTS:** **YS** **YM** **YL** **AS** **AM** **AL** **AXL**