

# ACCOKKEEK SPORTS AND RECREATION COUNCIL

## SOCCKER REGISTRATION FORM

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

New to ASRC \_\_\_\_\_ Returning to ASRC \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: Female Male

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

\_\_\_\_\_

Home phone: \_\_\_\_\_

Notification will be sent to your email and text messages to cell phones

Cell phone: \_\_\_\_\_ Carrier's name \_\_\_\_\_

(Verizon, Nextel, T-Mobile, etc.)

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

Parent/Guardian Name(s): \_\_\_\_\_

# of Seasons Played: \_\_\_\_\_ Type of soccer (coed, boys only, girls only, pee wee):

\_\_\_\_\_

### Registration Waiver

My child/I agree to participate in the above program knowing that safety precaution will be taken but realizing that the Accokeek Sports and Recreation Council (ASRC) does not have accident insurance for participants of this program. I do hereby release and hold harmless ASRC, It's Officials, employees, instructors and volunteers from any and all liabilities arising from injuries that might occur during the supervised program.

I further certify that my child has no infirmity, to the best of my knowledge, which would preclude their participation in the program for which they are registered and that they have my full permission to participate. I will advise the coach of any physical problems, temporary injuries, special medications, etc..., which would affect my child's capability to play or practice during the season.

I hereby state and declare that the released information above freely, willingly, and voluntarily made.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ASRC USE ONLY:

Amount Paid: \_\_\_\_\_ Cash: \_\_\_\_\_ Money Order: \_\_\_\_\_ Check #: \_\_\_\_\_