

John Day/Canyon City Parks and Recreation

Youth Soccer

REGISTRATION DEADLINE:

*****Wednesday July 31st*****

Kindergarten & 1st Grade COED 3v3 Monday August 5th

2nd & 3rd Grade COED 4v4 Monday August 5th

4th-6th Grade Boys 6v6 Monday August 5th

4th-6th Grade Girls 6v6 Monday August 5th

All practices will be held at 7th Park Complex

You can also register easily online at www.jdccparksandrec.com

*Practice times will be designated according to coach's availability but will be either 4-5pm or 5-6pm Monday-Thursday. Your coaches will call you with your practice time prior to the 1st practice. Game schedules will be handed out the first week of practice.

Registration Fees:

\$50 Per Player (In District)

\$55 Per Player (Out of District)

Multi Family Discounts are as follows: 2nd and 3rd player is \$10 off. 4th player is \$15 off. 5th player is \$20 off. All players must be a part of the same IMMEDIATE family.

Scholarships available for those in need, all forms available in the park and rec office.

PLAYER'S NAME: _____ **Grade:** _____ **(Circle one below)**
Male Female

Parent/Guardian(s) Name(s): _____

Address: _____ **Home Phone:** _____

Cell Phone(s): _____

Email Address: _____

(Email is only used by our office to utilize as a tool for mass communication. JDCC Parks and Rec WILL NOT use it to solicit. This can be effective for easy communication of information to a large group for various league announcements and JDCC Parks and Rec happenings throughout the year. Coaches are required to put down an email address.)

IN CASE OF EMERGENCY CALL _____ Ph. # _____

Any special health problems or allergies: _____

Please circle one: T-Shirt Size: YthSm YthMd YthLg AdultSm AdultMd AdultLg AdultXL

WAIVER AND PARENT/LEGAL GUARDIAN AUTHORIZATION: I certify that my child is in good physical condition and can participate in the Recreational Soccer Program. I realize that there is a potential for injury in the sport of and agree to assume those risks. If I cannot be reached in an emergency, I hereby give permission for the physician selected by the coaches/directors to secure proper treatment and /or hospitalize my child/ self. Knowing that the JD/CC Parks and Rec. District does not carry accident insurance on its participants, I will be responsible for any medical and/or other charges in connection with my child's/ self participation in said program. I hereby waive and release and hold harmless the John Day/Canyon City Parks and Recreation District, PO Box 762, John Day, OR 97845, coaches and soccer participants and any and all personnel, volunteers or organizations associated with this program from any and all injuries, negligence, damage and for any claims or causes of action arising from my child's/Self participation in said program. I also agree as a parent/spectator or participate of this program that good sportsmanship is required and at any given time if I use abusive language or show un-sportsmanship like conduct, I will be removed from facilities being used by this program. I also understand that all coaches and referees are volunteer positions and comments will not be tolerated toward them in a disrespectful manner at any time. I HAVE READ AND FULLY UNDERSTAND THE FOREGOING:

Signature of Parent/Legal Guardian: _____ **Date:** _____

Interested in Volunteering to Coach your child's team? Name: _____

Parent/Legal Guardian Media Consent: JDCC Parks and Rec may occasionally take and post pictures of participants. Do you give permission for JDCC Parks and Rec to take and post pictures of your child(ren)? **YES** _____ **NO** _____