2012 CITY OF PARMA
YOUTH SOCCER (Divisions 3, 4, 5)
REGISTRATION FORM

FIRST NAME_____ LAST NAME_____

ADDRESS_____ CITY_____ZIP_____

PHONE (HOME)_____ (WORK/CELL)_____

E-MAIL_____D.O.B_____ GRADE_____ SCHOOL_____

PARENTS' NAME (FATHER)_____(MOTHER)_____

CHECK LEAGUE YOU ARE ENTERING:

	DIVISION 3 (Born between 8/01/02– 731/04)	DIVISION 4 (Born between 8/01/00 – 7/31/02	DIVISION 5 (Born between 8/01/98– 7/31/00)
GIRLS:	_____	_____	_____

		PLEASE CIRCLE	
*	Have played in a travel, premier or CYO league in the past 12 months?	YES	NO
*	If so, what travel or premier league? _____		
*	Have played on a school team in the past 12 months?	YES	NO
*	Have played soccer in an organized league for how many years? _____		
*	Have experience playing goalie in the past?	YES	NO

THE CITY OF PARMA SOCCER STAFF NEEDS THE ASSISTANCE OF VOLUNTEERS. IF YOU ARE INTERESTED IN HELPING BY BEING A COACH PLEASE CHECK BELOW:

COACH: ☐ NAME: _____PHONE #: _____

E-MAIL ADDRESS:_____

I/We hereby agree and promise to assume risk and responsibility for any and all injuries or damages due to injuries, suffered by the participant arising out of participation in activities involving said program, including but not limited to: classes, demonstrations, practices, or any other use of the premises, facilities, or equipment of the City of Parma Recreation Department, whether occurring on the premises of the City of Parma or at any other location.

I/We hereby release, indemnify and forever discharge and hold harmless the City of Parma, its employees, its directors, employees, students, agents and servants from any and all responsibility, liability, claims for personal injury, legal actions or suits, damages or losses of any kind or description, both at law or in equity, arising out of, or in any way connected with any of the above-mentioned acts and activities.

IN WITNESS WHEREOF, I/We have set my hand and seal to this document which I/We intend to be legally binding document, on the day and year below written and understand it fully.

Be sure to notify your child's coach of any medical or other condition(s) they should be aware of.

_____ _____

Participant's Name **Parent/Guardian Signature**

FEE: $40.00 Resident $50.00 Non-Resident $10.00 LATE FEE

PLEASE MAKE CHECKS PAYABLE TO "PARMA RECREATION"