



**2009 CITY OF PARMA  
YOUTH SOCCER ( Divisions 3, 4, 5 )  
REGISTRATION FORM**



FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ (WORK/CELL) \_\_\_\_\_

E-MAIL \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

PARENTS' NAME (FATHER) \_\_\_\_\_ (MOTHER) \_\_\_\_\_

**CHECK LEAGUE YOU ARE ENTERING:**

**DIVISION 3**  
(Born between 8/01/99 – 7/31/01)

**DIVISION 4**  
(Born between 8/01/97 – 7/31/99)

**DIVISION 5**  
(Born between 8/01/95 – 7/31/97)

BOYS: \_\_\_\_\_

- |   |   |                      |
|---|---|----------------------|
|   |   | <b>PLEASE CIRCLE</b> |
| * | 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 understand that any of the Recreation Departments, their employees, volunteers or sponsors WILL NOT be held responsible for any injuries suffered on or off the playing court or while en route to or from games/practices affiliated with City Recreation programming. I shall be personally responsible for any and all medical and hospital fees and expenses that may be incurred. I understand that NO supplemental insurance is offered. I also agree to have our family uphold the highest standard of sportsmanship while attending all practices and games. I understand that, under City Ordinance, beer and other alcoholic beverages are not permitted in the parks and gymnasiums. I understand and agree that the City of Parma shall be allowed to take photographs, videos and/or write stories, of events related to the above mentioned activity. The above-named participant may appear in said videos, photographs and stories and is not entitled to any other consideration besides being able to participate in said activity. ANY FALSIFICATION OF INFORMATION ON THIS REGISTRATION FORM COULD RESULT IN FORFEITURE OF GAME AND/OR SUSPENSION.

\_\_\_\_\_  
(Parent/Guardian Signature)

FEE:    \$40.00 Resident

          \$50.00 Non-Resident

          \$10.00 LATE FEE

**PLEASE MAKE CHECKS PAYABLE TO "PARMA RECREATION"**