



PO Box 199 910-299-4906
Clinton, NC 28328 Fax: 910-592-5140

Sampson
County
Soccer



www.sampsoncountysoccer.com



www.sampsonnc.com

PO Box 140 910-299-0924
Clinton, NC 28328 Fax: 910-299-0926

Recreation Soccer Registration Form

Today's date: / /

Child's Name: _____ (MM-DD-YY)				Birth Date: / /	
<input type="checkbox"/> Male				<input type="checkbox"/> Female	
Last	First	Middle	Gender		
Parent/Guardians Name:					Age Division Request
Last First Middle Email					<input type="checkbox"/> I request my child to play in their age appropriate division. <input type="checkbox"/> I request my child to play in: (U6=under 6 years, 5-6) <input type="checkbox"/> U6 <input type="checkbox"/> U8 <input type="checkbox"/> U10 <input type="checkbox"/> U12 <input type="checkbox"/> Special Request?? Check and note below.
Address City State Zip					
Phone Numbers:					
Home: Work: Cell:					
Child's shirt size: <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL					
Insurance					
The participant has insurance coverage with (Name of Company): _____					
Would you like to purchase insurance through Clinton Recreation and Parks Department?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Release of Liability and Statement of Responsibility					
To the best of my knowledge _____ is in excellent physical condition and has my permission to participate in the Sampson County Soccer Club and Clinton Recreation & Parks Department Program.					
Family Physician			Physician Phone		
List any Allergies:			Required Medications:		
Release of Birth Certificate for use by SCS for purposes of NC Soccer Association Registration					
Sampson County Soccer Association (SCSA) is regulated and governed by the N.C. Youth Soccer Association. As such, it is necessary that SCSA provide information to the N.C. Youth Soccer Association about the SCSA and the participants in SCSA's program including the birth certificates of the participants to verify ages. By signing below I certify that I am the legal guardian of the child identified on this form and agree to allow the release of his or her birth certificate to SCSA and N.C. Youth Soccer Association for this purpose.					
Parent of Guardian: _____					Date: ____/____/____
Do you want to coach a team? Yes <input type="checkbox"/> No <input type="checkbox"/>		Contact me only if the Team will disband without a coach? Yes <input type="checkbox"/> No <input type="checkbox"/>		I understand that if there are not enough coaches to volunteer, my child may not be able play soccer this season: Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Special Request - (Example Children on same team, Same team as last year, Different team than last year, etc.) We will do our best to honor request made at time of registration, but will not guarantee the request can be met.					
Please complete the reverse side of this form as well. Thank you.					

For official use only					
Birth Certificate: Yes <input type="checkbox"/> No <input type="checkbox"/>		Proof of Insurance: Yes <input type="checkbox"/> No <input type="checkbox"/>		Weight: _____ lbs	
<input type="checkbox"/> Returning player for:		(Team Name)			
Fees: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Other _____		\$ _____	Receipt No.	Date Paid	<input type="checkbox"/> Cash <input type="checkbox"/> Check -Check No. _____
Assessment Tracking No. _____			NCYSA Card Number: _____		



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Date Application Received: / / Waiting List

Please initial each item indicating agreement:

- I understand that it is my responsibility to inform my child's coach of any medical conditions that could affect their ability to participate in this activity.
With my registration to participate in this program offered by the Clinton Recreation & Parks Department, it's employees and /or organizers, I am fully aware and assume all risks and hazards incidental to the conduct of the activity and do further hereby release, absolve, indemnify, and hold harmless the Clinton City Recreation and Parks Department, it's agents, offices, officials and employees at and from all manner of action and actions caused or case of action results, debts and sums of money, claims of demands whatsoever, in law or equity, arising out of or pursuant to the conduct of the activities or transportations to and from activities.
I also agree that photographs, recordings and or any other records may be used for the purpose of promoting programs operated or sponsored by the Clinton City Recreation & Parks Department.
In case of accident or illness, I authorize a representative of the Clinton Parks and Recreation Department to obtain immediate medical care deemed necessary by licensed medical personnel.
If my participant receives a uniform or any other equipment, I accept responsibility for the proper care of the uniform or equipment and will see that it is returned to the coach or instructor in a clean condition at the end of the Clinton Recreation Soccer season. Or reimburse the Clinton Recreation & Parks Department for the full amount of uniform value.
I have read and fully understand that these items are contractual and not a mere recital and sign voluntarily and hereby take responsibility for the above information and it is accurate to the best of my knowledge. I also understand that if not correct, that above name participant will be ineligible to play for this season.

Parent / Guardian Signature Date * Please ensure you have completed front side of form.

Parent's Code of Ethics

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches & officials at every game, practice or other youth sporting events.
I will place the emotional and physical well being of my child ahead of any personal desire to win.
I will insist that my child play in a safe and health environment.
I will provide for coaches and officials working with my child to provide a positive enjoyable experience for all.
I will demand a drug, alcohol and tobacco-free sports environment for may child and agree to assist by refraining from their use all youth sports events.
I will remember that the game is for children and not for adults.
I will do my best to make youth sports fun for my child.
I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.
I will promise to help my child enjoy the youth sport experience within my personal constraints by assisting with coaching, being a respectable fan, providing transportation or what ever I am capable of doing.
I will require that my child's coach be trained in the responsibility for being a youth sports coach and that the coach agrees to youth sports' Coach Code of Ethics.

I have read and understand the Parents' Code of Ethics and agree to abide by them. Failure to follow these guidelines will jeopardized my ability to watch my child participate in any sports program with the Clinton Recreation and Parks Department and/ or the Sampson County Parks & Recreation

Parent's name:
Parent's signature:
Childs Name: