

Junior Soccer League

Wright City Parks and Rec

636-745-2804 parks@wrightcity.org

OFFICE USE ONLY

DATE PAID _____

RECEIPT # _____

CHECK # _____

CASH \$ _____

RECEIVED BY _____

Ages 11 to 14

Cost is \$65.00 per child.

A \$25.00 late fee applies after January 29th, 2020.

PLEASE PRINT CLEARLY

Child's First & Last Name _____

Date of Birth _____/_____/_____ **Age** _____ **Gender** _____

Responsible Parent or Guardian's First & Last Name _____

Phone Number _____ - _____ - _____ **Email Address** _____

Coach or Team From Last Year _____

Additional Notes _____

**Proof of birth certificate may be required if your child plays up an age group or your child's age becomes a question of concern.

Uniform T-Shirts: For players only, please circle ONE of the correct size. Charges may apply for replacements.

YOUTH: Extra Small (3-5) Small (6-8) Medium (10-12) Large (14-16)

ADULT: Small Medium Large Ex Large XXL Other _____

If you are interested in coaching, please circle one and fill out a coaches form: COACHING ASSISTANT COACHING MANAGER

Hold Harmless Agreement: I, (Print) _____ agree to indemnify and hold harmless the City of Wright City, Wright City Parks and Recreation Department, and the Wright City RII School District from any claim, damages, or loss sustained by reason of participation in the Youth Baseball Program, and hereby assume the risk of and hereby release the City of Wright City, Wright City Parks and Recreation and the Wright City RII School District from any claim, damages, or loss by reason of accident, injury to me or any person or property happening during the course of participating in the activities of the Youth Baseball Program. My child or guardian is insured by our personal insurance for incidents and accidents that may arise during games and practices.

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

EMERGENCY MEDICAL TREATMENT RELEASE

Child's Name _____

TO WHOM IT MAY CONCERN: In the event that the above named child is taken to the emergency room or medical care facility in my absence from attendance of the Youth Sports Program at any time during the entire season (including tournaments), my child's team coaches, or any member of the Wright City Parks & Recreation Department, has my consent to authorize treatment for the child by a doctor(s) and/or medical personnel which may be deemed necessary.

I, the undersigned, do hereby acknowledge that I have given my child permission to participate in the Youth Sports Program with full knowledge of the risks involved and I hereby agree to assume those risks and to hold the Wright City Parks & Recreation Department, City of Wright City, and Wright City RII School District all of their officers, employees, coaches, officials, volunteers and team sponsors free from liability for any injury, harm, or complication of any kind.

Furthermore, I do understand that accident insurance is not provided by Wright City Parks & Recreation Department, City of Wright City, and Wright City School District, and I hereby agree to assume full responsibility for any and all expenses resulting from any accidents or injuries suffered by the above named child while participating in the Youth Sports Program. I understand that a photo copy of this document shall have the same force and effect as the original.

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