Bay Minette Youth Soccer Registration
Fall 2018

Participant's Name: _____ _____ _____ _____
First Middle Last Suffix (Jr.)

Name your child goes by:_____ Gender: MALE / FEMALE (please circle one)

Birth Date: _____/_____/_____ Age: _____ Parent/Guardian's E-mail:_____

Parent's Mailing Address: _____

What school does your child attend: _____ Grade: _____

Parent/Guardian's Name: _____ Contact Number (Cell):_____

Parent/Guardian's Name: _____ Contact Number (Cell):_____

Emergency Contact: _____ _____ _____
Name Relationship Phone Number

JERSEY SIZE: ☐ Youth Small ☐ Youth Medium ☐ Youth Large
☐ Adult Small ☐ Adult Medium ☐ Adult Large ☐ Adult XL ☐ Adult XXL

SOCK (SHOE) SIZE: _____ ☐ Youth ☐ Intermediate ☐ Adult

WE ARE ALWAYS IN NEED OF VOLUNTEER COACHES.
PLEASE CONSIDER VOLUNTEERING YOUR TIME AS A COACH.

I would like to volunteer as a: ☐ Coach ☐ Asst. Coach Your Name: _____
*****All coaches and assistant coaches must fill out a background check and coach's application.*****

Please note any allergies, physical disabilities requiring accommodations, or required medication for the participant (if none, please write none): _____

PLEASE READ AND SIGN BELOW:
I, the undersigned, as parent or legal guardian of the said minor child(ren) for myself, my executors, administrators, heirs, and assigns, do hereby release indemnify and forever hold harmless and discharge the City of Bay Minette and its officers, agents, and employees, assigns, contributors, and or volunteers from any and all claims for damages, demands, or causes of actions whatsoever in any matter arising out of or resulting from my child(ren)'s participation in the City of Bay Minette Recreation programs, including but not limited to, travel to and from any sponsored activities. I further hereby waive any and all rights of subrogation that I might have resulting from any claims or causes of action resulting there from.

_____ _____
Parent/Guardian Signature Date

PLEASE DO NOT WRITE BELOW THIS LINE

Registration Fee: $_____ ☐ Paid in Full Balance $_____
Payment Method: Check #: _____ ☐ Cash ☐ Other _____
Receipt Number: _____ Employee Initials: _____