



GARFIELD REC DEPARTMENT REGISTRATION FORM SOCCER 2018 FALL RECREATION

First Name: _____ Last Name: _____

Date of Birth: ____/____/____ Parent/Guardian Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Email: _____

Home Phone: (____)____-____ Cell Phone: (____)____-____ Text: ____ Email: ____

Emergency Contact Name: _____ Phone: (____)____-____

Emergency Contact Name: _____ Phone: (____)____-____

Family Physician: _____ Phone: (____)____-____

Kinder Registration Fee: \$40.00

- Make checks payable to **S.C. VISTULA GARFIELD** (there is a \$30.00 fee for returned checks)
- ***Registration is opened to all kids born between 2013 - 2006***
- ***Once your child is registered and the first official practice has passed, there will be NO REFUNDS.***

Kinder Soccer Registration fee includes the below

- ***16 one hour practice sessions and recreational league games***
- ***2 practice / game jerseys***

NOTE: Registration is not complete without initials on first page & signature in the second page.
Parent Initials: _____

OFFICIAL USE CLUB ONLY:

Received by (Signature): _____ Date: ____/____/____

Fee Received: Full: ____ Payment Plan: ____ Amount: ____ Payment Type: _____



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Player / Parent Conduct

We (I) the parent(s) of the above named player, hereby give our (my) approval for said player to participate in any and all activities of the program by the SC Vistula Soccer Club and the City of Garfield, during the current season. I certify that the above named player is in good physical and mental health, and that no physician has advised against said player's participation in any active program during this current season. We (I) assume all risks and hazards incidental to such participation and we (I) hereby waive, release, absolve, and agree to indemnify and hold blameless the Vistula Soccer Club and the City of Garfield, and all individuals associated with or aiding it in any manner for any claims arising from any such activities, including transportation to and from games, except to the extent and in the amount covered by any medical, accident, and/or liability insurance maintained by or for the Vistula Soccer Club.

Player's name: _____

Parent/Guardian Signature: _____ Date: ____/____/____