WAKULLA COUNTY PARKS AND RECREATION DEPARTMENT
REGISTRATION AND PERMISSION FORM

_____ **SPRING SOCCER**
DATE **SPORT**

In order for my child to be eligible to play this season, I certify that I have read and understand the following:

1. **$40.00 REGISTRATION FEE –** This will assist with the cost of the program.
2. **INSURANCE** : THIS IS OPTIONAL – So please check **ONE** of the following :
   _____ **I DO** want my child covered by the special accident insurance policy. I understand the cost is $10.00 per player.
   _____ **I DO NOT** want my child covered by this policy.
   My policy is:
   INSURANCE COMPANY NAME_____
   INSURANCE POLICY NUMBER_____
3. I hereby certify that my child is the age shown below and meets the requirements as specified by the league regulations.
4. I understand that it is my responsibility to provide supervision for my child at all practices and games.
5. I agree, by signing below, to release and waive all claims except for willful and wanton acts, against the Wakulla County Parks and Recreation Department and the Wakulla County Board of County Commissioners.

PLEASE PRINT ALL INFORMATION CLEARLY!!

_____ ____ _____ _____ _____
PLAYERS NAME **AGE** **DATE OF BIRTH** **HOME PHONE** **WORK PHONE**

_____
HOME ADDRESS **CITY** **ZIP**

_____ _____
EMERGENCY CONTACT PERSON **EMERGENCY PHONE NUMBERS**

_____ **YS YM YL AS AM AL**
PARENTS NAME **PARENTS SIGNATURE** **SHIRT SIZE (CIRCLE ONE)**

_____ _____ _____
SCHOOL NAME **GRADE** **NAME OF AREA YOU LIVE IN**

_____
ANY MEDICAL INFORMATION THE COACH SHOULD KNOW ABOUT

WHAT DIVISION: **4 & UNDER** _____ **6 & UNDER**_____ **8 & UNDER**_____
10 & UNDER _____ **12 & UNDER**_____ **14 & UNDER** _____

DID YOU PLAY LAST YEAR? _____ **TEAM NAME?**_____

Is there a certain team or player you would like to be on the same team? (NO GUARANTEES):
_____
Is there a certain area you cannot attend practice? _____
Is there a certain coach or player you DO NOT want your child to be on the same team?
_____

WOULD YOU OR SOMEONE YOU KNOW BE INTERESTED IN COACHING?
(Completed Criminal Background Check form will be required and submitted by WCPRD)

_____ _____ _____
NAME PHONE NUMBERS BEST TIME TO CALL

FOR OFFICE USE ONLY:

RECEIPT #_____ **AMOUNT $**_____ **Cash / Check #** _____