



U10 U12 U15 Soccer



U10-U15 Soccer

Practices will be in Jefferson. Games will be played in Fort Dodge. ***Copy of Birth certificate required!**

Date: Practices start the week of August 19

*Games begin September 7, 2019

Fee: \$40

Additional fees: \$18 Youth Jersey
\$18 Adult Jersey
\$7 shorts
\$6 /pair-soccer socks

Location: Practices at HS football practice field. Games played in Fort Dodge.

Deadline: **NO Registrations excepted after August 3, 2019**
REGISTRATIONS at the Greene County Community Center

*Practice and game schedules will be set after teams are formed.

***U10- Born 2009-2010 / U12- Born 2007-2008/U15-Born 2004-2006**

*Practice times set by coach.

Shin guards are mandatory: shoes may not have the front toe cleat.

Register at the Greene County Community Center or
send registration & payment to JPRD, 204 W Harrison St, Jefferson, IA 50129

Name _____ Age _____ Birthdate _____

Address _____ City _____ Zip _____ Email _____

Home Phone # _____ Work Phone # _____ Cell # _____

MARK ONLY IF NEEDED

Shirt size Y S YM YL Adlt Sm Adlt M Adlt L socks
Shorts Y S YM YL Adlt Sm Adlt M Adlt L

CURRENT SHIRT NUMBER _____

Yes, I am interested in helping. Name: _____

_____ **321302B U10 soccer** _____ **321302C U12 soccer** _____ **321302D U15**

Waiver & Medical Authorization

In consideration of being permitted to participate in a Jefferson Park and Recreation Department activity or program I, the undersigned participant (or, if under age 18, the participant's parent or legal guardian on his or her behalf): (i) recognize and acknowledge that such activity may involve risk of bodily injury or property damage, (ii) assume full responsibility for and risk of any bodily injury, damage or loss which may occur as a result of participating in such activity, (iii) release, waive, discharge and covenant not to sue the Jefferson Park and Recreation Department and the City of Jefferson and their administrators, officers, employees, members of governing and advisory bodies, representatives, agents, coaches, officials and volunteers (the "releasees") from all liability to the undersigned for any and all damage or loss, and any claim or demand therefor, on account of injury to my person or property, whether due to negligence of the releasees or otherwise, as a result of participating in any such activity or program, (iv) agree to indemnify and hold harmless the releasees identified above from any and all loss, liability, damage or cost that they may incur as a result of my participation in any such activity or program, (v) in the event of any injury or illness while participating in such activity or program authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel, and (vi) consent to my picture being used for publicity or promotional purposes. I HAVE READ AND FULLY UNDERSTAND THIS WAIVER AND MEDICAL AUTHORIZATION AND VOLUNTARILY SIGN IT.

Parent's or guardians signature: _____ Date: _____

Does the participant have any condition that would prevent full participation in the above activity?
_____yes _____no ie. asthma, diabetes, seizures, allergies (bee stings), etc.