Jefferson Park & Recreation Department

U10-U12-U15Soccer

U10-U15 Soccer

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

Date: April 7—June 3, 2020
Fee: Member: $40 **Non-member:** $45
Additional Fees: $15 Jersey
$5 Shorts
$5 Socks
Location: Practices at HS football practice field. Games played in Fort Dodge.

Deadline: March 27, 2020

***Soccer Sign-Up**
March 14th from 10am-12pm at the Rec Center
ONLY U10-U15

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

Is Child a GCCC Member: Y N

Shirt size ❒ Y S ❒ YM ❒ YL ❒ Adlt Sm ❒ Adlt M ❒ Adlt L
Shorts size ❒ YS ❒ YM ❒ YL ❒ Adlt Sm ❒ Adlt M ❒ Adlt L

❒ Yes, I am interested in helping. Name:_____

___ 121550C U10 soccer **___ 121550D U12 soccer** **___ 121550E U15 soccer**

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.