Oakboro PARKS RECREATION

Participant's Name: _____ Male or Female: _____

Date of Birth (month/date/year): _____/_____/_____

Parent/Guardian Name: _____ Primary Phone: _____

Parent/Guardian Name: _____ Phone: _____

Child's Physical Address: _____
Street or Box City/State/Zip

E-Mail Address (REQUIRED): _____

Jersey/Shirt Size: YOUTH - XS ☐ S ☐ M ☐ L ☐ XL ☐ ADULT - S ☐ M ☐ L ☐ XL ☐

Has your child ever participated in organized soccer before? Yes ☐ No ☐ If yes, how many years? _____

Does your child presently take any medications or have any type of physical condition that the coach should be aware of? Yes ◯ No ◯

If Yes, Describe_____

Waiver of Liability Release Form/Statement:

(Name of Child): _____(the registrant) has my permission to participate in the Town of Oakboro Parks and Recreation Soccer Program. I agree to abide by the rules applicable to this program.
Recognizing the possibility of physical injury and illness (ex: communicable diseases including Covid-19, etc.) associated with participation in sports, I hereby release, discharge and/or otherwise indemnify the Town of Oakboro, the Town of Oakboro Parks and Recreation Department, any affiliated organizations and sponsors, their employees and associated personnel (including owners of facilities utilized for the program), and volunteer coaches against any claim by or on behalf of the Registrants as a result of his/her participation in the program.
I understand that participation in soccer requires that my child be in sound physical condition, and I assume responsibility for his/her condition. In addition, in my absence I do hereby authorize the coaches or designated adults of the registrant's team, if after reasonable attempt has been made to reach a parent or guardian (or if sound medical practice decrees that there is not time to make such an attempt) to consent to any medical treatment or examination deemed necessary by a licensed qualified physician. **I HAVE READ THIS RELEASE AND FREELY/VOLUNTARILY SIGN IT.**

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

Volunteers are NEEDED and APPRECIATED!!! Please circle any area in which you would be willing to help.

COACH ☐ **or** ☐ **ASSISTANT COACH (Background Check Required)**

$75 Fee - Inside-Town residents
$100 Fee - Outside-Town residents
2014-2023 birth dates **- must be 3 yrs. old by Aug. 1**

Late registrations received after 5pm on July 31 will be charged a $20 late fee.
Any questions, contact Daniel Smith at dsmith@oakboro.com

Forms/fee can be dropped off at Oakboro Town Hall or mailed to Town of Oakboro, PO Box 610, Oakboro, NC 28129.

Office Use Only: Check _____ *Cash* _____ *Card* _____