

Fall 2020 Youth Soccer Registration



Primary Contact First Name _____ Last Name _____

Primary Contact Birthdate ____/____/____ Street Address _____

City _____ State _____ Zip _____ Primary Phone _____

Secondary Phone _____ Email Address _____

Secondary Email Address _____

Emergency Contact _____ Phone _____

Player 1	First & Last Name _____	Date of Birth ____/____/____
	ATY00-20 ATY00-21 ATY00-22 ATY00-23 ATY00-24	
Circle Grade	Prek-K 1&2 3&4 5&6 7&8	
CROSS OFF Days your child CANNOT practice	Mon Tues Wed Thurs Fri	

Player 2	First & Last Name _____	Date of Birth ____/____/____
	ATY00-20 ATY00-21 ATY00-22 ATY00-23 ATY00-24	
Circle Grade	Prek-K 1&2 3&4 5&6 7&8	
CROSS OFF Days your child CANNOT practice	Mon Tues Wed Thurs Fri	

Player 3	First & Last Name _____	Date of Birth ____/____/____
	ATY00-20 ATY00-21 ATY00-22 ATY00-23 ATY00-24	
Circle Grade	Prek-K 1&2 3&4 5&6 7&8	
CROSS OFF Days your child CANNOT practice	Mon Tues Wed Thurs Fri	

Player 4	First & Last Name _____	Date of Birth ____/____/____
	ATY00-20 ATY00-21 ATY00-22 ATY00-23 ATY00-24	
Circle Grade	Prek-K 1&2 3&4 5&6 7&8	
CROSS OFF Days your child CANNOT practice	Mon Tues Wed Thurs Fri	

Honored Only During Priority Registration • Preferred Practice Day/Times • Friend/Carpool Requests
 Friend requests will be honored during priority registration week when both friends submit requests.

Are you a volunteer coach or would like to be Yes No Please request a volunteer coach application.

Priority Registration July 1-Aug 8	\$55 x _____ = _____	
Open Registration Aug 10-15	\$65 x _____ = _____	____ Visa
Non-Resident \$3 (per player)	\$3 x _____ = _____	____ MasterCard
Jersey	\$17 x _____ = _____	____ Discover
Total \$ _____		

Cardholder Name (Print) _____

Card Number _____ CVV _____ Expiration Date _____

Authorized Signature _____ Date ____/____/2020

Parent/Guardians must also sign waiver on back.

Waiver/Release of All Claims and Emergency Treatment Permission

Please read this form carefully and be aware that by signing this form and participating in the programs listed that you will be waiving and releasing all claims for injuries you or your children might sustain arising out of these programs.

Release and Hold Harmless Agreement

As a participant in this Villa Park Recreation Department program, I recognize and acknowledge that there are certain risks of injury and I waive and relinquish all claims I or my children may have as a result of participating in this program against the Village of Villa Park and its officials (either elected or appointed), commissioners, officers, agents, employees, and volunteers. I further agree to indemnify, hold harmless and defend the Village of Villa Park and its officials (either elected or appointed), commissioners, officers, agents, employees, and volunteers from and against any and all claims, suits, or cause of actions, including reasonable attorney's fees, sustained or caused by myself or my children arising out of, in connection with, or in any way associated with the activities of this program.

I give my child permission to participate in this program, and on the child's behalf as parent and/or legal guardian I hereby waive, release and forever discharge any and all claims against the Village of Villa Park and its officials (either elected or appointed), commissioners, officers, agents, employees, and volunteers for damages and/or injuries which may arise from my child's participation in this program.

Emergency Treatment Permission

I understand that a minor may not be treated, even in an emergency situation, except when, in the opinion of the attending physician, life is in the balance. Consent of a parent or legal guardian is necessary for unmarried minors (under 18) except in such cases. Written consent is required for all other treatment.

Accordingly, as a parent and/or legal guardian, I do herewith authorize the treatment of the minor enrolling in this program in the event of a medical emergency, including administration of first aid, as appropriate, and further agree that I will be responsible for payment of any and all medical services rendered. I understand that the Village does not provide medical insurance for program participants.

I agree that any person or entity, including any doctor, or healthcare provider, may rely on a photocopy of this document the same as if it were an original.

Acknowledgement

I have read and fully understand the registration policies, the "Release and Hold Harmless Agreement" and the "Emergency Treatment Permission". This release and medical authorization form is completed and signed of my own free will even though I understand it is a requirement for participation in this program. I represent to the Village of Villa Park that I am familiar with the program and its physical demands and I attest and verify that the participant, whether myself or my child is physically fit for this program.

Photo Consent

I understand and give my consent for me and/or my child to be photographed while participating in a Village of Villa Park Recreation Department program. I understand that these photos may be used in printed materials and on the Park and Recreation website for publicity purposes.

Participant, Parent or Legal Guardian

Participant, Parent or Legal Guardian

Date _____

Date _____

This waiver must be signed by all participating adults 18 years and over, and by a parent or guardian for each participant under the age of 18. If registering a minor participant, I further attest that I have read these instructions to my minor child/ward.