Auburn City Recreation Sign-ups

9U Spring Soccer

CHILD'S NAME: _____

BIRTHDATE: _____ **GRADE:** ____ **AGE:**___

ADDRESS: _____

PARENT/ GUARDIAN: _____

HOME #: _____

Cell #: _____ **Text Available:** ☐

EMAIL: _____ **Coach: YES / NO**

Please Print

Ages:

8 - 9 yrs old (as of 01-01-15)

(Circle one) Shirt size: Youth or Adult – S M L XL XXL

ALL PARENTS WILL BE CALLED FOR SCHEDULING

My child has permission to participate in the program indicated on this form. He/She is in good physic`al condition and has no health problems that would prevent active participation. I agree to abide by all rules of the Auburn Youth Activities. I agree to hold harmless the Auburn Youth Activities in the event of injury sustained by my child. I also grant permission for my child to be photographed and pictures released for publication for purpose of the Auburn Youth Activities.

Signature of Parent/Guardian: _____ **DATE:** _____

All forms must be accompanied by the appropriate registration fee of $25.00 per child-per sport, with a maximum fee of $100.00 per family. Please make checks payable to "Auburn City Rec." No refunds will be given. For more information, contact John Gill **402-274-3629 or coachgill2010@hotmail.com**