

JPRD Youth Soccer (U8-14)

Registration Deadline: Friday, August 15

Teams will be formed after August 15. Teams will practice 1-2 times a week at the Greene County HS practice fields. U8 games will be played on Saturdays in Jefferson & Ogden. U10-U14 games will be played on Saturdays in Fort Dodge. Games will begin on Saturday, September 6. Practice and game schedules will be available after teams are formed. Practices may begin the week of August 18.

Shin guards are mandatory.

Age Divisions

- U8 Born on or after AUG 1, 2006 & Younger
- U10 Born on or after AUG 1, 2004 & Younger
- U12 Born on or after AUG 1, 2002 & Younger



Children Names	DOB	Age (as of 7/31/14)	Division	Gender	Shirt Size	Grade
				M/F		
				M/F		
				M/F		
				M/F		

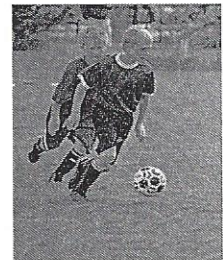
Address:					
City:		State:		Zip Code:	
Home Phone:			Cell Phone:		
Email:					

Yes!, I am interested in coaching! Name: _____ Primary # _____

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.

Signature: _____ Date: _____
 Does any participant have any condition that would prevent full participation in the above activity?
 ___yes ___no ie. asthma, diabetes, seizures, allergies (bee stings), etc.
 Please note in space below.



League Fee: \$35.00	pd:	Date:
Socks: \$4.00/pair	pd:	N/A
Jersey Fee: \$15.00 (youth), \$17 (adult)	pd:	N/A
Total: _____		