Wallace County Recreation Department

Youth Spring Soccer 2022

Grades K - 5

* Cost per youth $15
* March 28th 4-5pm March 31st 4-5pm April 4th 4-5pm - PRACTICES
* April 2nd 9am April 9th 9am - GAMES
* All games & practices will take place at the WCHS football field

Please COMPLETE and TURN into the Wallace County Rec,(locked drop box outside) by first practice in order for your child to participate.

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Name/s:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City/Town Zip Code

Phone No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade & Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any medical problems coaches should be made aware of? \_\_\_\_yes \_\_\_\_no

If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I authorize my child to participate in the 2022 Wallace County Rec Spring Soccer**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Would you be interested in **helping with soccer**? If so, write your name, contact info, age group interested in, and boys or girls below.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Phone/email Age group/ boys or girls

We the parent(s) of the above named minor, who is participating in a Wallace County Recreation Department activity, hereby give my/our approval to his/her participation in any and all of the activities during the current season.

I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities; I/We further hereby release, absolve, indemnify, and hold harmless the Wallace County, Wallace County Recreation Department, the employees, the organizers, volunteers, sponsors, and the supervisors, and/or all of them.

In case of injury to my/our child, I/We hereby waive all claims against the organizers, sponsors or any of the supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our child to or from the activities. The undersigned specifically acknowledge that the risk of injury exists and assume the risk with respect to practicing for or participating in any contact exhibition or an athletic or sports matter sponsored by the Wallace County Recreation Department.

I DO\_\_\_\_\_\_ DO NOT \_\_\_\_\_\_ give permission to Wallace County Recreation Department to use photographs and video taken of the above listed minor during the games and events associated with the Wallace County Recreation Department in any manner to help promote the department’s activities. **Initials**\_\_\_\_\_\_\_\_\_\_