

MOORE COUNTY PARKS AND RECREATION SOCCER REGISTRATION FORM:

Mailing Address: PO 905 Carthage, NC 28327

Office 302 Monroe ST Carthage, NC 28327

*** Effective July 1, 2018 there will be an automatic \$5.00 processing fee on all athletic registration refunds.**

ACTIVITY FEES: SOCCER - \$30 LATE FEE: \$10 AFTER REGISTRATION DEADLINE IF SPACE IS AVAILABLE!

****Proof of age must be presented to the Parks and Recreation Department if child has not participated with us before to be eligible to participate****

PRIMARY PARENT INFORMATION:

First Name Last Name

Street Address Mailing Address

City State Zip Code

Cell Phone: _____ Home: _____

To Receive Text Messages for Game Cancellations and Registrations:

CHECK HERE

SECONDARY CONTACT INFORMATION:

First Name Last Name

Street Address Mailing Address

City State Zip Code

Cell Phone: _____ Home: _____

To Receive Text Messages for Game Cancellations and Registrations:

CHECK HERE

PERMISSION, RELEASE, AND ASSUMPTION OF RISK: I, the undersigned Parent/Guardian, permit my child to participate in activities or programs offered by the Moore County Department of Parks and Recreation. I give permission for my child to participate in out-of-town activities or programs and to be provided with transportation to and from those activities or programs. I understand that my child shall abide by all rules of the Moore County Department of Parks and Recreation or risk expulsion from the activities or programs. I understand that my child may suffer accident or injury, including death, as a direct or indirect result of participation in the activities or programs and I agree to assume any and all risk involved with my child's participation. In the event my child is injured, I will not hold the County of Moore or its agents, volunteers, or employees responsible or liable. If I cannot be contacted, I give permission to the Department of Parks and Recreation to give medical attention to my child as deemed necessary. I release to the Department of Parks and Recreation any video or images of my child taken during the activities or programs, which may be used for promotional purposes. Further, I understand the terms of this Permission, Release, and Assumption of Risk and agree that it is binding upon me and my child, family, estate, heirs, and assigns.

Signature of Parent/Guardian: _____

Date: _____

Players Name/Date as appears on Birth Certificate:

Last: First:

Age: Sex: Birth Date:

Registration Information: Payment is due at the time of Registration: CASH _____ CHECK# _____ CREDIT CARD (in office) _____

****CIRCLE T-SHIRT SIZE: YS YM YL AS**

FEE:

*****PLEASE CIRCLE YOUR DESIRED SESSION : 5-6 yr. old 9:30am 5-6 yr. old 10:30am 7-8 yr. old 11:30am**

***Participants grouped by AGE AS OF FEBRUARY 1st ***