



DURHAM GIRLS SOCCER LEAGUE



FOR GIRLS AGES 7 TO 13

BORN BETWEEN 8/1/95 AND 12/31/02

REGISTRATION FORM - FALL 2009

Participant's Name:		Age as of 7/31/09 – NOT TODAY		Child's Birthdate:	
Street Address:				Parents E-Mail Address:	
City and Zip Code:		Home Phone Number:		School Attending:	Team preference for spring:
Uniform Shirt Size (circle one)– Youth M, L, Adult S, M, L, XL			1st Choice Practice Day		2nd Choice Practice Day

PARENTS / GUARDIAN

Parent's Name (& address if different from participant):		Home Phone Number:		Work/Cell Phone Number:	
Parent's Name (& address if different from participant):		Home Phone Number:		Work/Cell Phone Number:	
Are you willing to be a coach or team coordinator?			Have you played / coached soccer before (not required)?		

IN CASE OF EMERGENCY NOTIFY

Name:		Relationship:			
Address:		Home Phone Number:		Cell Phone Number:	

WAIVER / RELEASE OF LIABILITY

I intend to allow my child to participate in a Soccer League sponsored by the City of Durham Parks and Recreation Department and several of the youth athletic associations, clubs and schools promoting soccer in Durham County. I recognize that soccer is a collision sport. I certify that my child is medically sound and physically fit to play soccer.

I am aware of and voluntarily assume all risks – regardless of their causes – to my child, including accidental injury or injury caused by the negligence of others, arising from her participation in soccer. Such risks specifically include – and I certify that I will make my child aware of – the danger of significant personal injury (including death) associated with soccer goals which may tip over or collapse when used as a device on which to climb, hang or otherwise play or when improperly moved or secured.

I understand that it is not the responsibility of the City of Durham, or the associations, clubs or schools' sponsoring this league and their representatives, to serve as guardians of my child's safety. I am responsible for my child's protective equipment, including shin guards and mouth pieces, and for the condition of her cleats if she chooses to wear them. Furthermore, I will note the weather conditions and the condition of the field and voluntarily assume all risks to my child arising from such conditions.

In consideration of the City of Durham's Parks and Recreation Department's and the various youth athletic associations, clubs and schools' sponsoring this Soccer League, I will not hold any of these entities or their officers, employees or agents liable in damages for any injuries my child might sustain while participating in this Soccer League. I hereby release and forever hold harmless all of the sponsors and their officers, employees, and agents from any liabilities, claims, damages or losses arising from or in any way relating to my child's participation in this Soccer League, except in cases where – and only to the extent that – the City's insurance coverage described in the next paragraph applies.

For games played at Valley Springs Park, Erwin Field, Riverside School and other City Parks, the City has an insurance policy in effect which provides coverage in the amount of up to \$5,000 for medical expenses and \$250 for dental expenses *in excess of the participant's primary insurance coverage(s)*. *That is to say, the City's excess insurance will pay only after all other valid and collectible insurance covering the participant is paid.* To report a claim, please notify the Associate Director of the City's Parks and Recreation Department at 560-4355.

My signature below indicates that I have carefully read this Registration Form, accurately completed it, and fully understand the Release and Assumption of Risk which I am voluntarily signing will bind me, my heirs, and my personal representatives.

Signature of Parent or Guardian:		Date:	
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The registration fee is \$35 per child
Make checks payable to: Durham Parks and Recreation
Return form by August 7, 2009 to:
Jen Buxton, Durham Parks and Recreation Department, 101 City Hall Plaza, Durham, NC 27701