



2012 Fall Soccer Registration Form

For Boys and Girls ages 5 to 13

Division I K & 1st Grade; **Division II** 2 & 3 grades
Division III 4 & 5 grades; **Division IV** 6,7,8 grades

Registration Fees will be as follows *per family*:

1 child = \$35 3 children = \$95
2 children = \$65 4 children = \$120

Each player will receive: Jersey, Short & Socks

Registration Deadline 7/31/12

Contact Matt Haslam for any questions 208-851-0030

Division: _____
Players Name: _____ Age by 8/1/12 _____

Gender: Male or Female, Phone # _____ DOB ____ / ____ / ____

*Address: _____

City _____ Zip _____

SIZING: Circle the size you want for your child: (Sizes tend to run a size large.)

SHIRT: Chest: YXS YS YM YL AS AM AL AXL

SHORT: Waist: YXS YS YM YL AS AM AL AXL

Region: _____

Teammate (only one please) _____

I would like to help by being a: *Coach Asst Coach Referee

Volunteer's Name: _____ * Shirt size _____

Parents (or guardian) information:

Mother: _____ Cell or work#: _____

Father: _____ Cell or work#: _____

List any medical problems player has _____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Preston Recreation Board and the league and its affiliated organizations in which the registrant participates. Recognizing the possibility of physical injury associated with soccer, I hereby release, discharge and indemnify against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to and from the same, which transportation I hereby authorize. I agree to see that the registrant is picked up from practices and games by the appointed time and hereby release the coaches and Preston Recreation Board from responsibility for registrant after such time. I understand the goals of the Preston Recreation Programs are based on fun, fair play, sportsmanship, skill development and teamwork. I agree to conduct myself in accordance with these goals.

CONSENT FOR MEDICAL TREATMENT (Minors): As the parent or legal guardian of the registrant, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry or certified Emergency Medical Technician. This care may be given under whatever conditions are deemed necessary to preserve the life, limb or well-being of the registrant.

Parent/Guardian signature: _____ Date ____ / ____ / ____

Games start Sept. 4, 2012, with an expected 10 games.

VISIT www.prestoncitysoccer.com for game info.

- ❖ Players will be contacted by their coaches ASAP!
- ❖ Shin Guards are required for all games and practices.
- ❖ LATE REGISTRANTS WILL NOT BE ACCEPTED AFTER 8/7/12 AND WILL NEED TO PAY \$10 MORE.
- ❖ Mail check or money order to:

Preston Soccer Recreation, 70 West Oneida, Preston, ID 83263

Official Use Only
A registration fee of \$ _____,
Was received on _____, 2012.
In the form of:
Check# _____, Cash _____,
Money Order# _____.