

Trenton Youth Soccer 2017

Pre K - 2nd Grade

(Must be 4 yrs old)

Player Information

Player's Name: _____

Grade (Fall of 2017): _____ Boy or Girl?: _____

Prior Soccer Experience?: _____ If Yes, # of Yrs?: _____

Shirt Size: YS YM YL AS AM AL

Parent Information

Parent's Name: _____

Cell Phone #: () - _____

Trenton Resident? (Y/N): _____

Home Address: _____

Will You Be a Head Coach?: _____

Will You Be an Asst. Coach?: _____

Prior Coaching Exp.?: _____ If Yes, # of Yrs?: _____

Email: _____

Special Requests and Comments: _____

Fees

Trenton Residents: \$30.00

Non-Residents: \$40.00

Please Make Checks Payable to "City of Trenton" and Mail or Drop Off at City Hall
14 W. Broadway Trenton, IL. 62293

Waivers

Liability Release: I hereby give permission for the above named child to participate in all soccer activities during the summer/fall of 2017. I understand that such activities pose the risk of injury to my child. I assume all risks and hazards incidental to such participation, including transportation to and from these activities. On behalf of my child, I hereby waive, release, absolve, indemnify, and agree to hold harmless the City of Trenton, Southwest Illinois Soccer (SWIS), the organizers, coaches, referees, sponsors, supervisors, participants, and persons transporting children to and from the activities, for any negligence on their part, and for any claim arising out of injury to my child.

Medical Release: I certify that my child is in good physical condition and is capable of undertaking a strenuous recreational program. I hereby authorize the City of Trenton Soccer Program to seek emergency medical treatment for my child in case of injury or occurrence of a medical problem, which may occur during program sanctioned activities. I also agree to notify the program coordinator within 23 hours of any injury or other medical problem that may be considered in any way related to the Trenton Fall Soccer Program.

Signature of Parent/Guardian _____

Date _____