

LONG COUNTY RECREATION DEPARTMENT REGISTRATION FORM 2021 FALL SOCCER

PARTICIPANT'S NAME: _____

AGE: _____ BIRTHDATE: _____ MALE or FEMALE

ADDRESS: _____ CITY: _____ STATE: _____

SCHOOL: _____ GRADE: _____

PARENT/GUARDIAN: _____

PRIMARY CONTACT # _____ SECONDARY CONTACT # _____

EMERGENCY CONTACT: _____ CONTACT #: _____

SPECIAL MEDICAL INFO: _____

SOCCER	
6U CO-ED	
8U CO-ED	
10U CO-ED	
12U COED	
14U COED	

AGE CONTROL DATE:
September 1, 2021

PLEASE CIRCLE SIZE BELOW

<u>YOUTH</u>	<u>ADULT</u>
YS	AS
YM	AM
YL	AL
YXL	AXL

I hereby give my consent for the above-named child to participate in this activity. I take full responsibility for any kind of personal injury sustained by the said child in activities sponsored by Long County Recreation Department. This includes transportation to and from such events. LCRD encourages all attempts to increase attendance and reduce truancy in our school system. This may include but is not limited to players being asked attendance and truancy by the coach.

PARENT/GUARDIAN SIGNATURE

FOR OFFICE USE ONLY	CASH		AMOUNT
	CHECK #	RECEIPT #	STAFF