

2021 City of Hamlet Parks and Recreation Soccer Youth Registration Form

4-6, 7-9, 10-12

201 W. Main Street

Phone: 910-582-2651 ex. 9

Eligible Age Groups:

4-6 year olds must have been 4 by April 30, 2021 cannot have turned 7 before same date.

7-9 year olds must have been 7 by April 30, 2021 cannot have turned 10 before same date.

10-12 year olds must have been 10 by April 30, 2021 and cannot have turned 13 before prior to August 6th.

Registration Dates: July 7, 2021 through August 6, 2021 from 8:00 AM to 4:30 PM

FEES

Registration Fees- \$35.00 per child

Paid: Cash _____ Check No. _____ Credit Card: _____

Returning Participant: Yes ____ No ____

If No, proof of age by copy of birth certificate must be presented to be eligible to participate.

Primary Parent/Guardian Information:

First Name:	Last Name:
Street address:	
Mailing address:	
City:	
State, ZIP:	
Cell phone:	Home phone:
Email:	

Secondary Contact Information:

First Name:	Last Name:
Street address:	
Mailing address:	
City:	
State, ZIP:	
Cell phone:	Home phone:
Email:	

****SIBLINGS ONLY!** If you would like to have siblings on the same team, you must list the siblings name here: _____

Players Information: (As it appears on Birth Certificate)



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First Name:	Middle:	Last:
Birth Date:		
Age as of April 30, 3021: _____	Sex: Boy____ Girl____	
Previous Team Name (If applicable):		
Shirt Size: YOUTH SMALL(6-8)___ YOUTH MEDIUM(10-12)___ YOUTH LARGE(14-16)___ YOUTH XL(18-20)___ ADULT MEDIUM___ ADULT LARGE___ ADULT X-LARGE___ *Please note that once teams have been selected, there will be no changing in team rosters. NO EXCEPTIONS!!		

Check if Interested:

<input type="checkbox"/> Coach	Name: _____	Phone: _____
<input type="checkbox"/> Assistant Coach	Name: _____	Phone: _____
<input type="checkbox"/> Sponsor Team	Name: _____	Phone: _____
Cost to Sponsor is \$175.00	Sponsor Team Name: _____	

I hereby agree that the child will play with any team to which he/she is assigned by League Officials.

I, parent or guardian, understand that fees will not be reimbursed if my child decides not to participate in this sport for any reason.

I hereby certify that my child is in good health and know of no reason why he or she should not participate in this sport.

I, parent or guardian of the above named child assume all risk and hazards incidental to such participation, including transportation to and from the activities; and do hereby waive, release and agree to hold harmless the HAMLET RECREATION SOCCER LEAGUE and its employees and volunteers for any claim arising out of any injury to this child. I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should this child become ill or injured while participating in activities away from home, or at other times, when neither parent nor guardian is available to grant authorization for emergency treatment.

Signature: _____ Date: _____
 (Parent or Legal Guardian)
