

PC PARKS AND RECREATION (SPRING SOCCER) PLAYER REGISTRATION FORM

Last Name:	First Name:	D.O.B.:	Age:	Sex M <input type="checkbox"/> F <input type="checkbox"/>
Address:		City:	Zip:	Grade:
Medical Ins. Co.:	Policy #:	E-Mail:		

If you want brother or sister on same team, enter siblings' name: _____

PARENT GUARDIAN INFORMATION

Father (Name):	Home Phone:	Pgr./Cell:
Mother (Name):	Home Phone:	Pgr./Cell:

PLAYER HEALTH INFORMATION - Does this child have any Handicap, Injuries, Disabilities, Allergies, Heart/Respiratory Condition or any other significant medical condition? _____

HEALTH CONDITIONS: _____

DOCTOR'S NAME: _____ **PHONE #** _____

EMERGENCY AUTHORIZATION: The undersigned, parent or legal guardian of the participant, a minor, hereby authorizes the coaches, assistant coaches parents of team members, driver and directors of Platte City Parks and Rec. (PCPR), to act as my agent(s), to consent to medical, surgical or dental examination and or treatment. In case of emergency and I cannot be reached, I hereby authorize treatment and/or care at any hospital and or medical facility. If there is an emergency and I cannot be reached please contact: _____

CONTACT NAME: _____ **PHONE #:** _____ **Pgr./Cell:** _____

WAIVER OF LIABILITY AND DISCLAIMER: I, the parent or guardian of the above named individual, acknowledge that participation in athletic events and/or a practice necessarily involves risks of physical injury. I further acknowledge that the programs of PCPR are primarily administered by parents who volunteer their time (who are not paid professionals). In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individual in it's programs, I hereby release, discharge, and hold harmless PCPR, it's volunteers, employees, and any other representatives from any claims arising out of or relating to any physical injury that may result to said individual while participating in PCPR, sponsored events, including any physical injury caused by the negligence of any official, referee, volunteer, spectator, program personnel, or coach while performing his/her duties during any practices or games.

Signature of Parent or Guardian _____ Date: _____

Acknowledgement and Consent: I acknowledge that the above information is true and correct and that I have read the above and understand all the conditions hereto. I understand that the rules and regulations of, Platte City Parks and Rec. (PCPR), and/or any affiliation that PCPR is participating with, are available for inspection upon request. For both internal uses I acknowledge that PCPR may compile address and mailing labels and my utilize photographs of the above named individual. I consent to use and waive all rights compensation.

Signature of Parent or Guardian _____ Date: _____

I would like to help: Coach Referee Team Parent Other _____
 (NOTE: If selected as a Head Coach, There will be no charge for your child (maximum of 1 per team) and your money will be refunded.)

Shirt size for registrant: YS YM YL AS AM AL AXL

Code of Conduct (See below): We have read and understand the code of conduct for Players and Parent / Guardian

Signature of Player: _____ Parent/Guardian: _____

PROGRAM IS OFFERED TO AGE GROUPS PRE-K THRU 6th GRADE

You may sign up on line at www.plattec.org. Go to City Hall at 400 Main Street,
 Mon - Fri between the hours of 8:00AM and 5:00PM or use this form and just drop it off at City Hall.
 Cost ALL AGE GROUPS - \$65.00
 Registration is currently open (on line) and will end February 20th, 2010
 Deadline date for sign-up is February 20th, 2010. Additional \$10.00 late fee after this date.
 Season starts Saturday, March 27th, 2010 and ends Last Week of April or 1st week in May.
Teams will play on Saturdays. Make up games could be played on Sundays.
 Deadline date for refunds is March 27th, 2010.

PLAYERS CODE OF CONDUCT

All players participating in any Platte City Parks and Recreation (PCPR) sponsored events must abide by the following:

- I will attend all practices, games, meetings and any other team function on time, unless a member of my coaching staff has excused me.
- I will show respect toward all coaches, players and referees at all times and will abide by the league rules
- I will demonstrate good sportsmanship on and off the playing fields or courts.
- I will not fight, use foul or objectionable language or argue with coaches, referees or teammates
- I will be ready to learn and have fun.
- I will be a team player and will always put the team first
- I understand that failure to comply with the provisions of the Code of Conduct may result in the suspension or revocation of my privileges in any PCPR practice, game or functions.
- I further understand that by signing the registration form I agree to these terms.

PARENT(S)/GUARDIAN(S) CODE OF CONDUCT

- Remember the game is for the children. Please respect the Referees, Coaches, and other fans.
- I/We agree not to incite or participate in Un-Sportsman-like conduct at any PCPR event or function.
- I/We agree not to use profane, abusive, or objectionable language at any PCPR activity. To abstain from the possession and drinking of alcoholic beverages, possession or use of any illegal substance at or immediately prior to any PCPR activity.
- I/We agree to respect the Referees decisions as being fair and called in the best of their ability.

Any violation of these rules may result in one or more of the following actions being taken by PCPR Programs Directors: 1) The suspension or revocation of privileges associated with a parent/guardians attendance at, or a child's participation in any PCPR practice, game or activity, 2) The forfeiture of games and/or wins for teams whose parents and/or supporters fail to comply with this Code of Conduct and/or fail to comply with any subsequent disciplinary action imposed.