** SHELLEY YOUTH SOCCER** Paid **Ca, Ck, CC, # \_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_**

Players Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_\_\_\_\_\_Current Grade: \_\_\_\_\_\_\_\_ Shirt Size: \_\_\_\_\_\_\_\_ Sex: M\_\_\_\_ F\_\_\_\_

Medical Info: Does this child have any disabilities, present injuries, allergies or other medical conditions that we need to be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name and Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Waiver of Liability-Permission to participate -Permission of Emergency Authorization. I recognize the risks inherent with my child’s participation in this program. I unconditionally release the City of Shelley, Shelley Youth Soccer Organization, its directors, and volunteers from any and all liability or claims that may result from participation in this program unless the injury is a direct result of gross negligence or recklessness of the organization and not caused in part by my child’s own negligence. In case of injury or illness, I give permission for my child to be transported to and receive medical treatment at a local medical facility, and I guarantee payment of all expenses. I have read listed above any special medical conditions that the organization needs to be made aware of regarding medical treatment. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent/Guardian

**IF YOU WISH TO HAVE YOUR CHILD PLAY UP, PLEASE MARK THE APPROPIATE GRADE.**

**“NO PLAYING DOWN” If you live outside of city limits, add 10.00 to cost,** **City Limits: Yes/ No**

Pre-K and Kindergarten, cost $55.00\_\_\_\_\_ (If over 50lbs must play up too next grade)

1-2 Grades, Co-Ed, Cost $55.00 \_\_\_\_\_\_\_\_\_

3-4 Grades, Co-Ed, Cost $55.00\_\_\_\_\_\_\_\_\_

5-6 Grades, Co-Ed, $60.00\_\_\_\_\_\_\_\_\_

7-8 Grades, Co-Ed, $60.00\_\_\_\_\_\_\_\_\_ **(If we get enough interested)**

**Head Coach only gets one player entry fee for free**\_\_\_\_\_\_ Yes, I can Head Coach, Shirt size\_\_\_\_\_\_\_

I would like to sponsor \_\_\_\_\_\_\_\_Sponsor Donation: K-4 Grades $100.00 \_\_\_\_\_\_ 5-8 Grades $150.00 Sponsor: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_ **Games will be two days a week Monday & Wednesday or Tuesday & Thursday (First games will start at 5:30 pm, the last week of April)** Please Return to City Hall or Mail to Mikel Anderson, 101 S. Emerson, Shelley ID, 83274, No later than March 21th. Additional forms can be printed off the City Web Page. 10.00 late Fee Charge after March 21th **(Coaches Only. Drafts will be March 31st or April 1st)**

**Questions Please Contact: Mikel Anderson 208-681-3390 (Please make checks payable to: City of Shelley)**