



Recreation Program – Soccer  
Fall 2018 Registration

Registration due by August 12, 2018

Placement on a team is NOT guaranteed after August 12<sup>th</sup>

<u>Fees (circle one)</u>	<u>Early discount (by Aug 5)</u>	<u>Regular (by Aug 12)</u>
Individual child (grades K-8)	25.00	30.00
2 children	45.00	50.00
3+ children	60.00	65.00

Please note here if you are in need of financial assistance \_\_\_\_\_

Shirt Size (circle one) Youth: YXS YS YM YL YXL  
Adult: S M L XL

**Please make checks to: City of Villa Grove. City Hall is located at 612 Front Street and forms/payments can be delivered during business hours or via the drop box afterhours (west side of the employee entrance). Registrations can also be mailed to PO Box 108, Villa Grove IL 61956-0108. In addition, payments made online at [www.epayillinois.com](http://www.epayillinois.com) are accepted so long as the required forms are provided before anyone begins practice.**

Participant’s Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade \_\_\_\_\_

Parent or Guardian’s Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone(s): \_\_\_\_\_

**SPORTSMANSHIP PLEDGE:** I as a spectator, parent, guardian, coach or participant, along with my child, pledge to demonstrate good sportsmanship at all Villa Grove Soccer events. I understand that good sportsmanship is primary to the mission of the Villa Grove Soccer league. I recognize that good sportsmanship is a combination of fair play, respect, and consideration for all others involved. I understand that if I demonstrate poor sportsmanship in any way, I will be asked to remove myself and my child/children from the event immediately.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Parent/Guardian Signature



**Soccer Level:**

Kindergarten \_\_\_\_\_

Grades 1-2/ 8 years and under \_\_\_\_\_

Grades 3-4/ 10 yrs and under \_\_\_\_\_

Grades 5-6/ 12 yrs and under \_\_\_\_\_

Grades 7-8/ 14 yrs and under \_\_\_\_\_

Has the child played soccer before? No Yes    If yes, for how long? \_\_\_\_\_

**\*\*\*Coaches and Assistant Coaches are needed to ensure that each team has a manageable number of players.\*\*\***

**Can you help with any of the following?**

Coach or Assistant Coach \_\_\_\_\_ Have you coached or played soccer before? \_\_\_\_\_

Can you assist with field maintenance, painting lines, setting up nets etc.? \_\_\_\_\_

**Are you or your business willing to be a team sponsor? \_\_\_\_\_**

- 
- **League requires that all participants wear shin guards at ALL PRACTICES AND GAMES.**
  - If cleats are worn, they cannot have a toe cleat. The participant **will not** be able to play with a toe cleat on the shoe.
  - This form, as well as the City's INJURY WAIVER/MEDICAL FORM, must be signed and returned (with payment) before participants will be allowed to practice.
  - Practices will start the week of August 20, 2018
- 

I understand the information above and my child has my permission to play in the City of Villa Grove's Recreation Program Soccer League.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

***We are looking forward to another great soccer season with your child(ren)!***

*The soccer league will provide insurance coverage for each player. This will serve as secondary coverage to your own personal policy. If you do not have insurance, the league's coverage will serve as primary insurance.*

# City of Villa Grove Recreation Program 2018

## INJURY WAIVER/MEDICAL FORM

League \_\_\_\_\_

Player's Name \_\_\_\_\_ Team/Level \_\_\_\_\_

Player's Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Hospital Preference (if applicable) \_\_\_\_\_

### IN CASE OF EMERGENCY, CONTACT:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Relationship to Player \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Relationship to Player \_\_\_\_\_

### Medical Information:

Allergies (Medications, insect stings, etc.) \_\_\_\_\_

Medical Conditions (Asthma, Diabetes, etc.) \_\_\_\_\_

Baseball, basketball, football, soccer, softball, volleyball and wiffle ball are exciting sports which may involve collisions with other players, the ball, or the ground. The sport is sometimes played in extreme weather. Because of these conditions, players are exposed to the risk of serious injury. Injuries could include, but are not limited to, broken bones, concussions, paralysis, damage to internal organs and even death. Such injuries can result in short term loss of function and/or long term impairment of physical abilities. In an effort to make the games listed above as safe as possible, the coaches of this team will teach the players the skills and rules of the sport. Players must follow the coaches' instructions, rules, and policies to reduce the possibility of injury. Team rules/policies are also explained to players.

**IN CONSIDERATION** for the right to participate in the City of Villa Grove's Recreation Program, I hereby agree to the following: I understand any recreation activity, including the one for which I am registering myself/my child, involves certain risks to their personal safety and property or the safety and property of others. I agree to assume any and all risks associated with participation in this activity. I further understand that participation in recreation activities requires certain skills and capabilities. I agree it is solely my responsibility to ensure that my/my child's health is adequate and capabilities are sufficient to participate in these activities. I hereby waive any claim I might have against the City of Villa Grove and its officers, employees, agents, servants, insurers, and all representatives and sponsors arising out of their participation in this activity. Furthermore, I hereby agree to release and hold harmless the City of Villa Grove and all other sponsors from any claim brought by a third party due to my/my child's participation in these activities. I understand I/he/she may be photographed and give permission for such to publicize activities for the Recreation Program. In the event of an emergency, I give consent for me/my child to be taken to and treated at the nearest medical facility, understanding every effort will be made to contact the emergency contact person set forth above. In such event, I shall be solely responsible for all medical expenses associated with medical care.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_