



RECREATION PROGRAM 2022 SOCCER SPRING REGISTRATION

PLAYER'S NAME _____ CIRCLE: MALE FEMALE

PARENT/GUARDIAN(S) _____

ADDRESS _____

DOB _____ AGE _____ CURRENT GRADE _____

PHONES:

HOME _____ CELL _____ WORK _____
(Specify Mom or Dad) (Specify Mom or Dad)

EMAIL(S) _____

DEADLINE FOR RETURN TO THE CITY'S ADMINISTRATIVE & BILLING OFFICE IS FRIDAY MARCH 18 AT 4:00 P.M.
NO LATE SIGN UPS WILL BE ACCEPTED!

Forms can be mailed to PO Box 108, Villa Grove IL 61956-0108 or dropped off from 8:00 a.m. to 4:00 p.m. Monday – Friday at the City office (120 North Main Street). Online payments can be made at www.villagrove.org. Click on "Illinois Epay" under Helpful Links; if this method is used, please indicate your payment confirmation number below.
Both payment and the registration/waiver forms must be received by the deadline.

CHECK (✓)

____ Individual child
____ 2 children
____ 3+ children

On-time Fee

\$25
\$45
\$65

**ONLINE PAYMENTS ARE STRONGLY
ENCOURAGED DUE TO THE QUICK
TURN AROUND NEEDED THIS SPRING.**

Circle the appropriate uniform size (Y= Youth / A= Adult): YXS YS YM YL YXL AS AM AL AXL

PAYMENT METHOD: CASH CHECK NO _____ EPAY _____
Payable to City of Villa Grove Payment Confirmation No.

Please indicate here if you are in need of financial assistance _____

SPORTSMANSHIP PLEDGE: 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 (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 if I demonstrate poor sportsmanship in any way, I will be asked to remove myself and my child/children from the event immediately.

Player Signature

Parent/Guardian Signature

Soccer Level/History:

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 _____ If yes, for how long? _____

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

****All coaches are subject to a background check, and coaches from the prior year are given first choice of coaching positions****

Please understand that teams will be determined/grouped by the player's age as of 5/31/2022. Questions can be emailed to rec.program@villagrove.org.

Can you volunteer to help with any of the following?

Coach or Assistant Coach _____ If yes, have you coached or played soccer before? _____

Provide assistance with field maintenance (painting lines, setting up nets etc.) _____

Are you or your business willing to be a team sponsor? _____

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- **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 of Villa Grove's INJURY WAIVER/MEDICAL FORM, must be signed and returned (with payment) before participants will be allowed to practice.
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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/Guardian Signature

Date

We are looking forward to another great soccer season with your child!

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.

**WAIVER ~NEXT/THIRD PAGE~ MUST BE COMPLETE AND SUBMITTED WITH THIS FORM
OR SIGN-UP WILL BE DELAYED. PLEASE REVIEW FOR ACCURACY AND ANY MISSED BLANKS.**

City of Villa Grove Recreation Program 2022 INJURY WAIVER/MEDICAL FORM

Player's Name _____ Incoming Grade/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.

I hereby state and certify that I am aware of the RESTORE ILLINOIS phased plan for the COVID-19 pandemic recovery; I agree that my child will comply with regulations such as masking, social distancing and other rules as required by the program and/or state and federal law.

Parent/Guardian Signature _____ Date _____