

2012 Spring – Participant Registration Form

Register online at www.oconeecounty.com

Check activities you are registering for:

Age Control Date for Sports is April 1, 2012

- | | |
|---|--|
| <input type="checkbox"/> U6 Girls Soccer* – (Age 4 – 5) \$55 (1101.200) | <input type="checkbox"/> U19 Team Play – (Age 15 – 19) \$65 (1109.200) |
| <input type="checkbox"/> U6 Boys Soccer* – (Age 4 – 5) \$55 (1101.201) | <input type="checkbox"/> Soccer Academy – (Age 8 – 15) \$125 (1109.201) |
| <input type="checkbox"/> U8 Girls Soccer* – (Age 6 – 7) \$55 (1102.200) | <input type="checkbox"/> Oconee Special Soccer League – (Age 5 – 25) \$55 (1108.201) |
| <input type="checkbox"/> U8 Boys Soccer* – (Age 6 – 7) \$55 (1102.201) | <input type="checkbox"/> Start Smart Soccer – (Age 4) \$45 (1100.200) |
| <input type="checkbox"/> U10 Girls Soccer – (Age 8 – 9) \$65 (1103.201) | <input type="checkbox"/> Start Smart Baseball – (Age 4) \$45 (1150.200) |
| <input type="checkbox"/> U10 Boys Soccer – (Age 8 – 9) \$65 (1103.202) | <input type="checkbox"/> Volleyball I (Girls Ages 9 – 11) \$65 (1107.200) |
| <input type="checkbox"/> U12 Girls Soccer – (Age 10 – 11) \$65 (1104.200) | <input type="checkbox"/> Volleyball II (Girls Ages 12 - 14) \$65 (1108.200) |
| <input type="checkbox"/> U12 Boys Soccer – (Age 10 – 11) \$65 (1104.201) | <input type="checkbox"/> Sticks for Kids Golf – (Ages 7 – 12) \$130 (1151.200) |
| <input type="checkbox"/> U14 Boys Soccer – (Age 12 – 13) \$65 (1105.201) | <input type="checkbox"/> Yoga Session I – Tues. A.M. \$75 (6012.201) |
| <input type="checkbox"/> U15 Girls Soccer – (Age 12 – 14) \$65 (1105.200) | <input type="checkbox"/> Yoga Session II – Weds. P.M. \$75 (6013.200) |
| <input type="checkbox"/> U16 Boys Soccer – (Age 14 – 15) \$65 (1106.201) | |

*U6 – U8 – Circle preferred practice day. No guarantee:

Monday Thursday No Preference

Please Print Clearly

Participant's Name _____

Parent E-mail Address _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Mother's Name _____ Work Phone _____

Father's Name _____ Work Phone _____

Emergency Contact _____ Phone _____

Date of Birth ___/___/___ Age _____ Sex _____ Grade _____ School _____

Medical Conditions/Allergies _____ Current Medications _____

Sibling Name – If in the same league _____

Shirt Size – Circle one:

Youth: X-Small Small Medium Large **Adult:** Small Medium Large X-Large XX-Large

Would a parent like to be a **COACH**? Head Coach Assistant Coach No

If you would like to coach, provide name: _____

How many seasons has your child played? 0 1 or more 3 or more 5 or more 7 or more

PAYS (Parents Association of Youth Sports):

I have completed the required PAYS (Parents Association of Youth Sports) training. Yes No

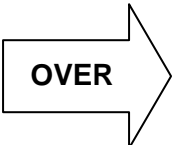
If yes, the PAYS membership is listed under the following name (**Print Name**): _____

If no, I understand that I must complete the PAYS program for my child to participate.

By signing below, I agree to complete the PAYS program and follow the PAYS Parents' Code of Ethics.

Refund Policy: No refunds or credits will be granted within 5 days prior to a program draft or session start date. If you request a refund at least 5 days before the program begins, you have two options: (1) Receive an immediate credit for the full amount; or (2) Receive a refund, minus a 25% administration fee. In addition, a credit may be issued in the event an activity cannot be completed due to a documented medical problem. Credits granted may only be used for future OCPRD coordinated programs. Online registration convenience fees are non-refundable.

Parent/Guardian Signature _____ **Date** _____



PARTICIPANT WAIVER & RELEASE OF LIABILITY

MUST BE SIGNED TO PROCESS REGISTRATION

In consideration of the named participant being allowed to participate in any way in the Oconee County Parks and Recreation Department programs, related events and activities, I, the parent/ legal guardian, of the named child, or as an adult participant, hereby acknowledges, appreciates, and agrees to the following:

1. The risk of injury or damages to my child and/or myself from the activities involved in the programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. FOR MYSELF, SPOUSE AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives, and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS the Oconee County, Board of Commissioners, and all employees or agents of Oconee County, including all individuals who are affiliated with the programs administered by the Parks and Recreation Department of Oconee County ("Releases"), from any and all liabilities incident to my involvement or participation in these programs or transportation to and from activities, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
4. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my and/or my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I hereby grant consent to any and all first aid responders designated by the Oconee County Parks and Recreation Department to provide my child any necessary medical care as a result of any injury/illness. This consent includes First Aid and transportation to/from first aid responders.
6. I further understand that health, or accident insurance which would cover my or my child's medical, hospital, or related expenses in the event of injury in this activity is my responsibility. I understand the Parks & Recreation Department of Oconee County strongly recommends that if I do not have sufficient insurance to cover such incidents that I should take the necessary action to obtain it.
7. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my or my child's readiness for participation and/or in the program itself, I will remove myself or my child from the participation and bring such attention of the nearest official immediately; and,
8. I understand that I am bound to abide by the Oconee County Parks & Recreation Department's Code of Conduct. I further understand that these programs are recreational and that if either parent should exhibit continued unsportsmanlike conduct, the child may be removed from the program.
9. I understand that the department may use participant images or videos, and that such may be published in an outlet used to promote or publicize the program or department.
10. In addition, I understand that it is mandatory for a parent of all competitive youth sports participants to complete the Parents Association for Youth Sports (PAYS) training before their child can participate in a youth sports program.

I HAVE READ THIS RELEASE OF LIABILITY, ASSUMPTION OF RISK AGREEMENT AND WAIVER. I FULLY UNDERSTAND ITS TERMS, I UNDERSTAND I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent/Guardian Signature _____

Date _____