**2019 Spring Outdoor Soccer**

**Registration Form**

**Tarrallton Athletic Association**

**Division:**

\_\_\_\_\_ U6

\_\_\_\_\_ U8

\_\_\_\_\_ U10

\_\_\_\_\_ U 12

\_\_\_\_\_ U14

\_\_\_\_\_ U17\*

***Player Information:*** (Please Print or Type)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Legal Name (Last, First, MI) must match Birth Certificate Date of Birth Age on 3/1/19

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address City Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Legal Parent/Guardian & Relationship E-mail

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Text: Y/N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Text: Y/N

Primary Phone (Note: work/home/cell) Secondary Phone (Note: work/home/cell)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: Name and Relationship Emergency Contact Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School and Grade Level

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Problems or Prohibitions of Participant

**CONSENT FOR MEDICAL TREATMENT (MINOR)**

By my execution, freely given as provided below, I, as the legal parent/guardian of the above named Minor(s), do hereby give my consent for emergency medical care prescribed by any licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions exist and are necessary, in the sole opinion of the aforementioned Doctor of Medicine or Doctor of Dentistry, to preserve the life, limb or well-being of my dependent.

**INDEMNIFICATION**

I, the legal parent/guardian, of the above named child, hereby give my approval to his/her participation in any and all TAA Outdoor Soccer activities during the current season. I understand that soccer is a dangerous sport/activity that may result in serious injury or even death. I assume all risks and hazards incidental to such participation including transportation to and from such activities, and I do hereby waive, release, absolve, indemnity and agree to hold harmless the Tarrallton Athletic Association Youth Football, Cheerleading & Soccer, Inc., the Association, the sponsors, supervisors, participants, volunteers and persons transporting my child to and from activities for any claim arising out of injury to my child. **NO REFUNDS ON REGISTRATION.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Legal Parent/Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Office Use Only:

Fees Paid: $\_\_\_\_\_\_\_\_ Cash / CC / Check #\_\_\_\_\_\_\_\_\_\_\_ PYMT RECD By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(There is a $2 service charge for all CC transactions, $5 for checks) Date: \_\_\_\_\_\_\_\_\_\_\_\_

Shirt Size: YS / YM / YL / YXL / AS / AM / AL / AXL

**EQUIPMENT AGREEMENT**

I/We understand and agree that the equipment and gear issued to my son/daughter is the property of TARRALLTON ATHLETIC ASSOCIATION YOUTH FOOTBALL, CHEERLEADING & SOCCER and as such is considered personal property that is rented or leased as defined under *Code of Virginia 18.2-95*. I further understand that should I/we fail to return property immediately following the last regularly scheduled game of the season, unless otherwise directed by my child’s head coach or a competent league official and in no event longer than three days following demand for the equipment or gear by my child’s head coach or a competent league official, that my actions will be considered theft and an attempt to deprive TARRALLTON ATHLETIC ASSOCIATION YOUTH FOOTBALL, CHEERLEADING & SOCCER of its personal property under *Code of Virginia 18.2-95,* and TARRALLTON ATHLETIC ASSOCIATION YOUTH FOOTBALL, CHEERLEADING & SOCCER will refer the matter to law enforcement for investigation which could result in me/us being prosecuted for up to a felony violation of the law and punished to the full extent of the law. I/We further agree to pay all legal costs and reasonable attorney fees incurred by the TARRALLTON ATHLETIC ASSOCIATION in its attempt to recover the player equipment and gear together with any fines or costs a court or competent court of jurisdiction may order.

By agreeing to allow my/our child to participate in the TARRALLTON ATHLETIC ASSOCIATION YOUTH FOOTBALL, CHEERLEADING & SOCCER program I/we acknowledge that player fees charged by TARRALLTON ATHLETIC ASSOCIATION YOUTH FOOTBALL, CHEERLEADING & SOCCER are not sufficient to cover the costs and expenses of operating the program.

**EQUIPMENT CARE**

I/we will not alter, pin, tack, or destroy the football helmet, shoulder pads, pads, girdle, pants, jersey (practice or game), cheer shell top and skirt, or soccer jersey. I/we will only use equipment when practicing or playing in TAA functions as stated by the league. I/we understand this is the property of TAA and will return it in good, clean condition, or pay the appropriate repair/replacement costs. Approximate cost is $250 for football, $100 for sideline cheer, $100 for competition cheer, and $30 for soccer. If I/we do not return equipment by the end of the season, I could be asked to pay a late fee and be ineligible to play the following year.

I also understand that my child will not receive any equipment/uniform until registration fees are paid in full.

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

Player Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team/Division (Circle One): U6 U8 U10 U12 U14 U17