



**2009-2010
Competitive Soccer Registration Form**



Player Name:	<input type="text"/>	Preferred Name:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>
Home Phone:	<input type="text"/>	School entering in Fall 2009:	<input type="text"/>
Date of Birth:	<input type="text"/>	Age as of August 1st, 2009:	<input type="text"/>
Player Email:	<input type="text"/>	Parents Email:	<input type="text"/>

Parent / Guardian's Name:	<input type="text"/>		
Employer (Mother):	<input type="text"/>	Employer (Father):	<input type="text"/>
Work Phone#:	<input type="text"/>	Work Phone#:	<input type="text"/>
Cell Phone#:	<input type="text"/>	Cell Phone#:	<input type="text"/>
Emergency Contact:	<input type="text"/>		
Relationship:	<input type="text"/>		
Home Phone#:	<input type="text"/>	Work Phone#:	<input type="text"/>
Cell Phone#:	<input type="text"/>		

AUTHORIZATION FOR RELEASE

I hereby give my permission for (name of participant/child/ward) to participate in this program/activity conducted by the Tuscaloosa County Park & Recreation Authority (PARA) and the West Alabama Soccer Association (WASA). I assume all risks and hazards incident to such activities and transportation to and from the same. I release, discharge, and acquit PARA / WASA and all of its agents, servants, employees, staff and personnel from and with respect to all claims, causes of action and rights of recovery which I have, or might have at any time in the future as a result to any property damage or bodily injury suffered by said child/ward during the course of any such activities. Additionally, I agree to indemnify and hold harmless PARA / WASA and the employees from and against any and all claims, suits, damages, judgments, attorney fees and expenses of every kind on account of property or bodily injury, including death, suffered or experience by me or my said child/ward occurring during, or in any way resulting from any of said activities, whether or not cause by a negligent acts (except as may be occasioned by gross or wanton employees) or omission of any sort by PARA / WASA employees. I authorize PARA / WASA and employees to render any medical care and treatment to my said child/ward deemed necessary with respect to any illness or injury occurring during any PARA / WASA activities. I fully understand that PARA / WASA has NO ACCIDENT or MEDICAL PAYMENT INSURANCE COVERAGE for the participant/child/ward and I agree to play all medical costs incurred if treatment is obtained. I understand that PARA / WASA assumes no responsibility or liability for lost, stolen, or misplaced items. I also give permission for PARA / WASA to take photographs and/or videos of my child during activity for publicity use. Furthermore, please take caution when sending valuable, sentimental items with child/ward to any activities. PARA / Adobe PDF Settings file read error accepts NO RESPONSIBILITY for lost or stolen items. This instrument is signed both on behalf of the individual and the child/ward.

Signature: _____ Date:

It is the policy of Tuscaloosa County Park & Recreation Authority and of the West Alabama Soccer Association that no person shall, on the basis of race, color, creed, religion, sex, age, national origin or disability be denied employment, be excluded from participation in, be denied the benefits of, or be subjected to discrimination in any program or activity.