

City of Orange Division of Recreation
Unisex Soccer Registration Form
All Participants Must Provide Copy of Proof of Address

Player Name: _____

Address: _____

Home Phone: _____ Birth date: _____ Age: _____

School: _____ Gender M F

New Registrant?: Yes No Registration \$ 25 _____ Ck.#/M.O. _____

PLEASE CHECK THE ACTIVITY YOU WISH TO PARTICIPATE IN

Grades (K-2) _____ Grades (3rd - 4th) _____ Grades (5th- 6th) _____ Grades (7th - 8th) _____

(PLEASE PRINT) PARENT OR GUARDIAN (PLEASE PRINT)

Name: _____

Email Address: _____

Cell Phone: _____ Business Phone: _____

EMERGENCY

Name: _____ Relationship: _____

Home Phone: _____ Day Phone: _____ Cell _____

PLEASE READ CAREFULLY

I, the parent/guardian of the above name registrant, hereby give my approval for the registrant to participate in any City of Orange Division of Recreation Soccer Activities and understand as a parent I must abide by the rules and regulations set forth in the parent manual, and volunteering and fundraising activities are mandatory.

All necessary precautions will be taken to protect each child from physical harm or property loss. However, the undersigned agree(s) that they do jointly and severally indemnify and hold harmless the City of Orange Township against liability for any and all claims for damages to property or injury to or death of my child or ward arising out of the scheduled activities.

Parent/Guardian: _____ Date _____

AREAS YOU CAN HELP OUR PROGRAM

Coach _____ Score Keeper _____ Concession Stand _____ Banquet _____
Picture Committee _____ Equipment Asst. _____ Field Asst. _____ Parade _____