

City of Carlyle Youth Soccer  
2015 Registration Form

Sign up dates for soccer league will be at the Carlyle Park Shed at the following times.

**May 30, 2015**

**8:00 A.M. until 12:00 P.M.**

If you can not make the special sign up day, please complete this form and return it with the proper fees to the Carlyle City Hall, 850 Franklin Street, Carlyle, IL 62231. The deadline for mailed registration forms will be **June 5th** at the close of the work day.

Please make checks payable to: **City of Carlyle**

All Registrations

\$30.00

**Boy / Girl Name** \_\_\_\_\_

**Parent / Guardian Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Grade Entering in August 2015** \_\_\_\_\_

**Hospitalization Insurance Carrier or Company** \_\_\_\_\_

**Interested in Coaching a Team? YES / NO**

\_\_\_\_\_

**Obligation and Assistance**

1. I agree to purchase any lost or damaged uniforms placed in my care for the season.
2. I insure that I will see that the uniforms will be returned **on time in a clean condition** or a **\$10.00 Restocking Fee will be charged**. It is not the responsibility of your coach to turn in your uniform, you will be held accountable.
3. I will see that my child is delivered to, and picked up on time from designated practice areas and game locations.
4. I will remind my child of the importance of good sportsmanship at all times before, during, and after games and practices and the importance of cooperating with others.
5. I will do my utmost to set a positive example to all children in the way I interact with league officials, league umpires, league coaches, and other fans.
6. I will try to control my actions and comments at all contests, showing a concern for all players and personnel in the league not only the team my child plays on. Or I will be willing to leave the grounds if asked by Park personnel because I haven't displayed appropriate behavior.

City of Carlyle Youth Soccer  
2015 Registration Form

7. I will keep communication lines open with my child's coach and promise to help assist him or her to the best of my ability, especially during safety situations, as needed.

8. My son or daughter named on this form must adhere to and abide by all rules and regulations administered by the Park and Recreation Board and I understand that the Director of Parks and Recreation, the Umpire Coordinator, or the umpires have the right to remove any player, assistant coach, coach, or fan either temporarily or permanently, that doesn't conform to accept Park Board Policies.

**I have read and signed the MINOR WAIVER Participant Waiver & Release of liability, Assumption of Risk and Indemnity Agreement attached to this form.**

**My signature on this form shows that I have read this form in its entirety and understand the information it contains.**

Name of Player\_\_\_\_\_

Parent's Names (Please Print)\_\_\_\_\_

Phone #\_\_\_\_\_ Email address\_\_\_\_\_

Date\_\_\_\_\_ Signature\_\_\_\_\_