



YOUTH SOCCER ~ SPRING 2020



Player Name & Age

Birthday (M/D/Y)

Parent/Guardian

Phone (best number to call or text)

Email

Address

Emergency Contact & Number

REGISTRATION due Friday, FEBRUARY 28th (Micro League registration is due March 20th)

Registration turned in after the deadline may not be accepted. If it is accepted, there will be a \$5 late charge per child

***We will be wearing the same black jerseys as we wore last season (for U6, U8, and U10 only). You may order a new jersey at additional cost or save on your registration fee by wearing last years.**

U6 – U14 Fees

___ Paxton Resident need jersey - \$40
___ Paxton Resident no jersey - \$35
___ Non-Resident need jersey - \$50
___ Non-Resident no jersey - \$45

U19 THEM Fees

Paxton Resident - \$85
Non-Resident - \$95
*Full uniform is included
please indicate size.*

MICRO Fees

Paxton Resident - \$30
Non-Resident - \$40
*T-shirt is included
please indicate size.*

*****Jersey size (if needed, circle)***** YXS YS YM YL AS AM AL AXL Other

Select Player's League

****League will be based on their age as of January 1, 2020****

___ **U6:** Ages 4-5 (as of 1/1/20)

___ **U8:** Ages 6-7 (as of 1/1/20)

___ **U10:** Ages 8-9 (as of 1/1/20)

___ **U12:** Ages 10-11 (as of 1/1/20)

___ **U14:** Ages 12-13 (as of 1/1/20)

___ **U19:** Ages 14-18 (as of 1/1/20)

THEM Team



___ **MICRO:** Ages 3-4 (current)

U6, U8, U10 league games will run late March through mid-May on Saturday mornings in Fisher, Gibson City, & Paxton. There may also be a few week night home games. Practice evening(s) date and time will be decided by the coach. *Deadline to register is February 28th.*

U12 & U14 league games will be on weekend afternoons. There may also be a couple weeknight games throughout the season. Games will run late March through late May and will be played in Paxton, Gibson City, Fisher, and other Central Illinois towns.. Practice evening(s) and time will be determined by the coach. Teams may be combined if numbers dictate. *Deadline to register is February 28th.*

The **U19 THEM** club team will play games on weekends and some weeknights late March through May. Games will be scheduled in towns throughout Central Illinois. *Deadline to register is February 28th.* Full uniform is included. This is a Spring-only league. If seeking additional info on the U19 team, please visit www.THEMSOCCERCLUB.com

MICRO league will not hold games, only practices. Practice will be held in Paxton once a week for 7-8 weeks beginning in early April. Practice evening and time will be determined by the coach. *Deadline to register is March 20.*

COACHING – We appreciate and encourage parent involvement. Coaches have a say in rosters and practice days/times. Indicate if you have an interest in coaching your child's team:

___ SIGN ME UP!!!

___ Maybe...call me if desperate!

___ Nope, not gonna do it!

PAXTON PARK DISTRICT

PAXTON PARK DISTRICT – YOUTH PARTICIPATION WAIVER

The Paxton Park District is committed to conducting its recreation programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their child in recreation programs must recognize however, that there is an inherent risk of injury or death when choosing to participate in recreation activities. The Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant’s safety.

Please recognize that the Paxton Park District does not carry medical accident insurance for injuries sustained in its programs. The cost of such would make program fees prohibitive. Therefore, each person registering themselves or a family member for a recreation program/activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the Park District automatically responsible for the payment of medical expenses.

Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the Park District requires the execution of the following Waiver and Release. Your cooperation is greatly appreciated.

WAIVER AND RELEASE OF ALL CLAIMS FROM PAXTON PARK DISTRICT

Please read this form carefully and be aware in registering your child or ward for participation in this program you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of this program.

ACTIVITY/PROGRAM/LEAGUE: SPRING SOCCER 2020

As a parent/guardian of a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with such a program.

I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program against the Park District and its officers, agents, servants, and employees.

I do hereby fully release and discharge the Park District and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage, or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program.

I further agree to indemnify, hold harmless, and defend the Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages, and losses sustained by me or my minor child arising out of, connected with, or in any way associated with the activities of the program.

I also understand that by registering my child in a Park District sponsored activity, I give my consent for Park District personnel to take photographs of the activity which my child may be participating, for the sole purpose of professional use, whereas professional use is defined as uploading photographs to the Park District website and/or seasonal activity brochures.

In the event of any emergency, I authorize Park District officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child’s immediate care and agree that I will be responsible for payment of any and all medical services rendered.

As a parent/guardian of a participant in the program, I have read and understood the Paxton Park District “Parent Code of Conduct” form and agree to its principles and expectations. Upon completion of this waiver, I understand any and all registration fees must also be submitted to the Park District prior to any participation in an activity. Any checks made payable to the Paxton Park District which are returned on the basis of nonsufficient funds are subject to an extra \$25 fee.

Parent(s) Phone if not listed on registration _____

Emer. Contact Phone if not listed on registration _____

Allergies _____

Medical Conditions _____

Physician _____

Physician Phone _____

Signature _____

Date _____

Any additional information that you would like the Park District to be aware of: