## **Granger Parks & Recreation Registration** One Form per Player Granger Resident Please Check Below: ☐ Soccer \$20.00 Tee Shirt Youth Sizes: $\square$ XS $\square$ S $\square$ M $\square$ L $\square$ XL ☐ I would like to be a volunteer Coach Volunteer Coach Name & Shirt Size Participants Name Age & Grade Address Mailing Address Phone **Email Address** Method of Payment ☐ Cash ☐ Check/Money Order Payable to City of Granger Check.MO # Receipt # Legal Guardian (Print)

NO CHANGE PERMITTED ONCE TEAMS ARE FORMED

Date

Legal Guardian Signature





For Additional Information

Roy Cardenas, Director 509-379-4357

parksandrec@grangerwashington.org

### **TO REGISTER**

You may register any time at Granger City Hall, Monday-Friday, 9 a.m.—5 p.m. Registration will be closed on **FRIDAY, April 25, 2018** no latecomers allowed.

<u>Night Registration:</u> TUESDAY, April 10,2018; 5-8 p.m. at the Scout Cabin (Next door to City Hall).

Teams, Practices, Games and Locations will be assigned at a later date.

### **Grade Requirements**

<u>First—Second Grade:</u> (Co-ed) Boys and Girls, grades 1st & 2nd. (Basic understanding of soccer, learning positions, learning to kick, pass, goals)

<u>Third-Fourth Grade:</u> (Co-ed) Boys and Girls, grades 3rd & 4th. (Intermediate level of understanding soccer. Continuation of learning baseball basics such as player postions, kicking and passing accuracy and goals.

# City of Granger Parks and Recreation Mission Statement

It is our desire to help our children form healthy, physical habits that can be carried with them as they mature and also instill in each child that they are included, valued and important.

### City of Granger

### Soccer Participant Hold Harmless Agreement

Participant's Name
Date of Birth Age Parent or Guardian
Parent or Guardian
Address
Mailing Address
Home Phone
Work Phone
Emergency Contact (other than above)*
acknowledge that I have voluntarily applied to participate in the youth soccer program at the City of Granger. I understand that Soccer and all other hazards and exposures connected with such activities involve certain real and impredictable risks. I have been given the chance to ask questions of appropriate City personnel concerning such risks and hazards, and acknowledge that any such questions have been satisfactorily answered. I understand the risks and dangers inherent with soccer activities in which I will be participating and acknowledge that I am fully capable of participating in these activities. I am in good health with no physical defects that would prevent me from engaging in these activities. I willingly assume the risk of injury as my sole responsibility. I understand and agree that any bodily injury, death, damage, or loss of personal property and expenses as a result of my negligence are my responsibility. As lawfur consideration for being permitted to participate in the Soccer program I release the City of Granger from any legal liability and agree not to sue, claim against the property of, or prosecute, and to indemnify and hold harmless, the City of Granger and all of its officers agents and employees, for any and all liability, injury or death caused by or resulting from my voluntary participation in the soccer program by any cause. In addition, I authorize any medical treatment deemed necessary or appropriate by the instructor, any emergency technician, nurse, or physician in case of illness or injury while participating in the soccer program. I understand that this permission is to prevent undue delay and assure prompit reatment, Participants involved in the soccer program may be photographed and such photographs may be used to publicize city activities. City of Granger parks and recreation is NOT responsible for any personal items left or stolen at the location of the sporting event This Waiver and Release of Liability shall be legally binding upon me, my heirs, my estate assigns, legal g
Signature of Participant (if over 18):
Date:
(If Participant is under 18) I AM THE PARENT OR LEGAL GUARDIAN OF THE ABOVE NAMED PARTICIPANT AND I HEREBY CONSENT TO THE ABOVE WAIVER AND RELEASE OF LIABILITY ON BEHALF OF MY CHILD. Signature of Parent
Guardian: Date: