

**Johnston Recreation Department  
Youth Soccer League  
2010**

# Girl | Boy (circle one)

**Fee: 4 Years Old Clinic - \$45.00 Individual, \$25.00 each additional sibling.  
\$15.00 to order a sweatshirt and \$10.00 to order a soccer ball.**

**Fee: Age 5 thru 14 Years Old - \$50.00 Individual, \$30.00 each additional sibling.  
\$15.00 to order a sweatshirt.**

**Fee: Age 12-14 Boys Old - \$ 25.00 Each**

**Please make checks payable to Johnston Youth Sports Association.**

**Paid** \_\_\_\_ **Cash** \_\_\_\_ **Check** \_\_\_\_ **Check #** \_\_\_\_ **Date** \_\_\_\_\_ **Received By:** \_\_\_\_\_

Players Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Parent's email address: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age as of Aug. 1<sup>st</sup>, 2010 \_\_\_\_\_ Did your child play last year? \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Please write the name of the school where player attends. \_\_\_\_\_

Does your child have any medical problems that the Recreation Department should be made aware of? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Please circle shirt size: Youth Small 6-8 Youth Med. 10-12 Youth Lge. 14-16  
Ad. Sm. 34-36 Ad. Med. 38-40 Adult Lge. 42-44 Adult X-Lge. 46-48

**I authorize my child to participate in the 2009 Soccer League.**

\_\_\_\_\_  
**Parent's Signature**

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**\*\*IF YOU WISH TO SPONSOR A TEAM PLEASE COMPLETE THE SPONSORS REGISTRATION FORM.**

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**\*\*IF YOU WISH TO COACH A TEAM PLEASE COMPLETE THE COACHES REGISTRATION FORM.**

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**Johnston Recreation Department – Recreation Activities**

Pursuant to the Rhode Island General Laws S7-6-22, I/we the parent (s) of the above named boy/girl who is a candidate for a position on a Johnston Recreation Department Activity, hereby give my/our approval to his/her participation in any and all of the activities during the current season.

I/we assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities; I/we do further hereby release, absolve indemnify and hold harmless the Johnston Recreation Department, the organizers, sponsors, and the supervisors, and or all of them.

In case of injury to my/our son/daughter, I/we hereby waive all claims against the organizers, the sponsors or any of the supervisors appointed by them. I/we likewise release from responsibility any person transporting my/our son/daughter to or from the activities. I/we will furnish a certified birth certificate of the above named candidate upon request of the league officials.

The undersigned specifically acknowledge that a risk of injury exists and assume said risk with respect to practicing for or participating in any contact or exhibition or an athletic or sports matter sponsored by the Johnston Recreation Department.

**Parent's Signature** \_\_\_\_\_

