



Alleghany Soccer League

C/o Alleghany County Recreation

348 S. Main St., P.O. Box 366

Sparta, NC 28675

(336) 372-2942

Fax (336) 372-2972

Cost \$25.00

Player Name _____

Male _____ Female _____ Age _____ Birthdate ____/____/____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Emergency Contact _____

Work or Cell Phone _____

Medical Conditions/Allergies _____

School Attending _____ Grade _____

Parent/Guardian _____ Home Phone _____

Would you be willing to coach if needed? ☺ Yes No Maybe

Employer _____ Work Phone _____

E-Mail Address _____

Please circle one shirt and short size for your child.

Youth Shirt Size: s m l

Youth Short Size: s m l

Adult Shirt Size: s m l

Adult Short Size: s m l xl

Please make checks payable to: Alleghany County Recreation

WAIVER FOR PARTICIPATION BY PARENT/GUARDIAN

We, the parents of the above named candidate for a team position, hereby give our approval to participate in any and all related activities. We assume all risks and hazards incidental to such participation including transportation to and from the activities; and we do hereby waive, release, absolve, indemnify, and agree to hold harmless the Alleghany County Recreation, Alleghany County, the Alleghany Soccer League, the organizers, supervisors, participants, coaches, and referees or their agents for injuries while using county facilities and persons transporting our child to and from activities, for any claim arising out of any injury to our child for any cause.

Name of Family Medical Plan _____

Plan Administrator _____

Signature (Parent or Legal Guardian)

Date