

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

Registration Form

Player Name _____
Male _____ Female _____ Age _____ Birthdate ____/____/____
Mailing Address _____
City _____ State _____ Zip Code _____
HomePhone _____ Emergency 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 _____

Youth Shirt Size: s m l xl Youth Short Size: s m l xl
Adult Shirt Size: s m l xl Adult Short Size: s m l xl

Please make checks payable to: **Alleghany County Recreation**

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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, 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 _____ Policy I.D.# _____

Signature (Parent or Legal Guardian)

Date