

2019 SOCCER ENTRY FORM

Registration July - August 2

Date _____

NO REQUEST FOR U8,U10,U12!

PLAYERS WILL BE DRAFTED (Draft Aug 8)

___ U6 -\$45.00

___ U8-\$50.00

___ U10-\$55.00

___ U12-\$60.00

NAME

AGE (As of August 1, 2019)

DATE OF BIRTH

PARENT'S NAME (Both)

(Home)

TELEPHONE (work)

(Cell)

MAILING ADDRESS

CITY

ZIP

School Attending

Grade Entering

Year of Soccer

WOULD YOU LIKE TO BE A COACH? _____ What age group? _____

PAID (Cash or check)

RECEIPT NO.

Payable to: Brookhaven Recreation Dept *Circle size below* Sample sizes are available at BRD office

SHIRT SIZE:

SHORT SIZE:

SOCKS SIZE:

YOUTH X -SMALL

YOUTH X-SMALL

Youth (YL)

YOUTH SMALL

YOUTH SMALL

YOUTH MEDIUM

YOUTH MEDIUM

YOUTH LARGE

YOUTH LARGE

Junior (AM)

ADULT SMALL

ADULT SMALL

ADULT MEDIUM

ADULT MEDIUM

Adult (AL)

ADULT LARGE

ADULT LARGE

ADULT X-LARGE

ADULT X-LARGE

****A players age on August 1, 2019 determines the age of classification****

Under 6 are players who are 4 & 5

Under 8 are players who are 6 & 7

Under 10 are players who are 8 & 9

Under 12 are players who are 10 & 11

SPONSOR - \$200.00

OVER

RELEASE BY PARENT OR GUARDIAN

I _____, AM THE NATURAL PARENT AND/OR
PARENT

GUARDIAN OF THE MINOR CHILD _____ WHOSE

BIRTHDAY IS child _____.

BIRTHDAY

BY VIRTUE OF AND IN CONSIDERATION OF THE CITY OF BROOKHAVEN AND ITS DEPARTMENT

OF RECREATION ALLOWING MY MINOR CHILD TO PARTICIPATE IN THE FOLLOWING

RECREATIONAL ACTIVITY, TO-WIT:

SOCCER

I FURTHER RECOGNIZE AND ACKNOWLEDGE THAT THE SAID CITY AND

DEPARTMENT WILL PROVIDE NO HEALTH AND ACCIDENT INSURANCE FOR MY

CHILD TO COVER MY CHILD FROM BODILY INJURY HE/SHE MAY SUFFER WHILE

PARTICIPATING IN THE CITY AND DEPARTMENT RECREATIONAL ACTIVITIES.

I HAVE READ AND UNDERSTOOD THE ABOVE RELEASE AND AGREE TO ITS

TERMS. THE RECREATION DEPARTMENT HAS PERMISSION TO USE ANY PHOTOGRAPHY

DURING THE ACTIVITIY FOR PUBLICITY PURPOSE.

SIGNED _____ DATE _____