

# 2023 Co-Ed Soccer

## K- 5<sup>th</sup> grade

NAME: \_\_\_\_\_

Name of Parent or Guardian (print) \_\_\_\_\_

P.O. BOX \_\_\_\_\_ CITY: \_\_\_\_\_ SEX: F \_\_\_ M \_\_\_

CHILD HAS PLAYED FOR \_\_\_ # OF YEARS BIRTHDATE: \_\_\_\_\_

CHILD IS IN \_\_\_\_\_ GRADE EMAIL \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMERGENCY NUMBER: \_\_\_\_\_

E-MAIL \_\_\_\_\_

DOES THE ABOVE NAMED HAVE ANY HEALTH PROBLEMS: YES \_\_\_ NO \_\_\_  
IF YES PLEASE EXPLAIN: \_\_\_\_\_

**\$25.00 with uniform \$10 without**

PLEASE RETURN THIS FORM TO CPRD BY **August 28<sup>th</sup>**  
FIRST GAMES WILL START September 7<sup>th</sup>

All volunteers will be subject to a National Criminal/sex offender's background check.

**VOLUNTEER COACH:**

**ASSISTANT COACH:**

***You coach your child plays for free!***

### ***WAIVER RELEASE AND COVENANT OF INDEMNITY***

I\We, the parents of the above candidate for a position on a CPRD team, hereby give my\our approval for his/her participation in any or all CPRD activities. We are aware that in any sporting activity there is a risk of serious injury and knowing this we state that our child is physically fit to participate in the program and I\We do hereby covenant and agree that we will indemnify and hold harmless CPRD and their supervisors and coaches, from any claim arising out of injury to my child as a result of participation.

\_\_\_\_\_ By writing my initials on the line I am giving permission to CPRD to use my child's pictures in future promotional advertisements or news articles.

Parents or Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

With the above signature I\We give our permission to allow my child's coach authority to give permission for emergency medical treatment if I cannot be contacted.