



Soccer Registration 2019

Town Resident

Non-resident \$10

Pictures or video may be taken of participant for use in program publicity! Please check, if you **do not** approve!

Main Contact:

Last Name: _____ First Name: _____ DOB: _____

M / F Mailing Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Emergency Contact: _____ Phone: _____

Participants Name: _____ DOB: _____ M / F

Parent/Guardian Last Name: _____ First Name: _____

I want Parks, Recreation, and Cultural Resources to know about these medical conditions for the participant: _____

Participants Age: _____

____ 3 Year Old ____ 5U

____ 8U ____ 10U

____ 12U

T-Shirt Size

YXS YS YM

YL AS AM AL

Non-Discrimination Policy:

The policy of the Town of Nashville is, and shall be, to oppose any discrimination based on actual or perceived age, mental or physical disability, sex, religion, race, color, sexual orientation, gender identity or expression, familial or marital status, veteran status or national origin in any aspect of modern life. A Participant alleging discrimination on the basis of play of the aforementioned areas may file a complaint with either the Director of Town of Nashville Parks, Recreation, and Cultural Resources Department or the Office of Equal Opportunity, US Department of Interior, Washington, D.C. 20240.

Release, Indemnity, and Agreement Not to Sue:

I understand that participating in the recreational program selected involves risk of injury or illness. These risks include, but are not limited to, inclement weather, accidents while traveling, food related illness, equipment problems or failures, contact with and actions of other participants, spectators, and volunteers, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or for my child to participate in the selected programs despite the risk. By signing the Program Registration form, I acknowledge all risk of injury, illness, death, and property damage, and affirm that I have assumed all responsibility of injury, illness, or death in any way connected with participation in the program. I also agree for myself and for any child participant to follow all rules and procedures of the program and to follow the reasonable instructions of the teachers and supervisors of the program. In return for the opportunity to participate in this program, I agree for myself and for me heirs, assigns, executors, and administrators to release, waive, and discharge any legal rights I may have to seek payment or relief of any kind from the Town, its employees or its agents for injury, illness, or death resulting from this program. If I am registering a

child for a program, I agree that I am a parent, legal guardian, or I am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal right that I may assert on behalf of the child participation in the program. I also agree not to sue the Town, its employees, or its agents and agree to indemnify the Town for all claims, damages, losses, or expenses, including attorney's fees, if a suit is filed concerning an injury, illness, death to me or to my child resulting from participation in the program.

Payment and Refund Policy

Payment is required at the time of registration. Use this form for registration, and mail to the Town Hall.

Town Hall address is PO Box 987, 499 S Barnes Street, Nashville NC 27856.

Check Number # _____ (Make checks payable to the Town of Nashville)

- 100% refund if the Department cancels the program.
- Refunds for medical circumstances requested prior to the program/team placement date will be granted at 100%, pending verification.

Refund request may be sent to: **Town of Nashville Parks, Recreation, and Cultural Resources Department**

Registration Date:

By signing below, I acknowledge that I have read, understood, and agree to the Town of Nashville policies listed on this form. Signature is required to complete the registration process.

Participant Signature: _____ **Date:** _____

Signature of Parent/ Legal guardian if child is under 18: _____

Pictures for the spring season will be on Saturday, September 22

Coaching Information

This program depends on volunteers and volunteer coaches. You may receive a call from us requesting assistance. If you, or someone you know, would like to go ahead and volunteer to help it make an enjoyable experience for everyone then please fill it the information below.

Name: _____ DOB: _____

Phone #: _____ Email: _____

Head Coach / Assistant Coach Age/Group/Level you are interested in: _____

All coaches are required to fill out a back ground check!