



SOCCKER REGISTRATION FORM

DATE _____ PAID BY: CHECK# _____ CASH _____ BIRTH CERT. _____
(Please print or type) *Checked/Initial*

NAME _____
(First) (Middle) (Last)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BIRTH DATE _____ AGE *Sept. 1, 2020* _____ MALE / FEMALE
(Circle One)

PARENT(S) _____

TELEPHONE (H) _____ (W/C) _____

LAST TEAM _____ TEAM ASSIGNED _____

RESIDENT OF: *(Circle One)*

CITY OF EMPORIA GREENSVILLE CO. OTHER _____
(Specify)

Please circle your child's t-shirt size:

Youth S Youth M Youth L Youth XL Adult S Adult M Adult L Adult XL

PERMISSION FORM *(Please Read Before Signing)*

By signing this permission form, my family and I pledge that we will observe good sportsmanship and may lose our right to participate if this rule is violated. I understand that a fee must accompany this application and there are **NO REFUNDS unless deemed necessary by EGRA**. I also understand that I am responsible for returning all uniforms and equipment at the last game or will have to pay replacement costs.

SIGNED _____
(Parent/Guardian)

*****VOLUNTEERS NEEDED: Check if interested: *****

____ Head Coach _____ Assistant Coach



FORM MUST BE COMPLETELY FILLED OUT TO PARTICIPATE IN EGRA SPORTS PROGRAMS:

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from close contact of individuals. As a result, federal, state and local government and health officials recommend social distancing and have discouraged large gatherings of people.

The Emporia-Greenville Recreation Association (“EGRA”) has put in place preventative measures to reduce the spread of COVID-19, however, EGRA **cannot guarantee** that anyone that uses the facilities will not become infected with COVID-19.

By signing this agreement, you:

- Acknowledges the contagious nature of COVID-19 and voluntarily assumes the risk that you or your child may be exposed to or infected with COVID-19 and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death.
- Understands the risks of becoming exposed or infected with COVID-19 at the Meherrin River Park Complex may result from the actions or omissions of myself and others, including, but not limited to, EGRA employees, volunteers, and program participants and their families.
- Releases any claims based on the actions or omissions of EGRA’s employees or volunteers, whether a COVID-19 infection occurs before, during, and after your child’s participation in events at the Meherrin River Park Complex.

(Signature of parent/guardian) (date)

In the event of a canceled season, due to COVID-19,
please fill out the following information to receive a refund:

Players Name: _____

Refund Check Made Payable To: _____

Refund Check Mailed To Address: _____

City _____ State _____ Zip _____