



# 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, 2021* \_\_\_\_\_ 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

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

**Players Name:** \_\_\_\_\_

**Refund Check Made Payable To:** \_\_\_\_\_

**Refund Check Mailed To Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_