



1200 Susank Road - P.O. Box 96 - Hoisington, KS 67544
 Telephone: 620.653.4050 - FAX: 620.653.4044
 E-Mail: hrc@usd431.net



**2019 YOUTH SOCCER
 Registration Form**

(Complete one form for each participant)
 (Please Print Legibly)

DEADLINE AUGUST 9th

Participant's Name _____ D.O.B. _____ Grade _____

M or F _____ Age _____

Address _____ Telephone _____
 (Street) (City) (State) (Zip Code) Text available: YES _____ NO _____

Parents/Guardian Name _____ **COACH/VOLUNTEER**

ACTIVITY NAME:

FEE:

- 2019 YOUTH SOCCER 1st & 2nd grade and 3rd - 4th grade \$25.00

This Activity Provides T-Shirts, sizes are:

Shirt Size: Youth: YXS _____ YS _____ YM _____ YL _____ YXL _____ Adult S _____ Adult M _____

**A person shall not be enrolled in any HRC activity until the registration form, with payment, is received at the HRC Office.
 You may mail your registration form with your payment, to P.O. Box 96, Hoisington, KS 67544**

**Persons residing in USD 431 School District shall have priority registration privileges for a pre-determined time
 frame in all HRC sponsored activities. The time frame would end 13 days before the published
 deadline date for the event.**

**Giving of Refund or Credit will only be made if cancellation is received at the HRC Office at least
 2 days before the starting date of activity.**

Emergency Contact Information:

Name: _____ Relationship: _____ Telephone: _____

Waiver and Consent Statement: I, the undersigned, state that I understand that the Hoisington Recreation Commission is not, nor shall not be responsible for, or liable for illness to any person or damage to property resulting from the program in which the undersigned is enrolled or from my participation in said program. I, also, assume all physical risks and hazards involved in the conduct of the program and hereby release, indemnify and hold harmless the Hoisington Recreation Commission, its officials, officers, and employees and/or any other civic or private organization appointed by it from any liability as a result of any accident which may occur in conjunction with said participation and result in bodily injury to child or person. In case of sickness or injury, I authorize the calling of 911 and/or providing other necessary first aid and medical services. I understand that responsible measures will be taken to safeguard the health and safety of the participant. I, the undersigned, also waive any and all claims that I or my heirs, executors administrators or assigns may claim to have resulting from a photograph, video, or reproductions thereof of me while participation in Hoisington Recreation Commission programs. I understand that I will be transported by activity bus while participating in the Hoisington Recreation Commissions trips.

I HAVE READ AND UNDERSTAND THE WAIVER AND CONSENT STATEMENTS.

Signature: _____ Date: _____

Amount Paid: _____ Cash: _____ Check No.: _____ Date Paid _____
 (checks payable to HRC)

-----for office use only-----

Receipt #: _____ Entered by: _____ Date: _____