



CITY OF PICKENS RECREATION/P.Y.A.C.
“HOME OF THE 2005 12U, 2007 10U, 2009 & 2012 15U STATE CHAMPIONS”
FALL SOCCER 2016

The purpose of these leagues is to promote the growth of all participants, physically, mentally, socially and spiritually. The objectives are to provide training for skills development and learning sportsmanship. All skill levels are welcome!

Coed Age Divisions

5 & 6 7 & 8 9 & 10 11 & 12 13 - 15

(Depending on sizes of 11 & 12 and 13 – 15 divisions, teams probably will travel greater distances; i.e., Seneca, Walhalla, etc.)
 Birthdate cut-off is September 1, 2016. Birth certificates are required at registration!

Season Dates

Registration ends July 22, 2016
 Skill Evaluations: To be Announced

Schedule and Location

Games will be scheduled on Mondays, Tuesdays, Thursdays and some Saturdays. Fridays may be utilized for rained-out games. Home games will be played on fields behind Pickens Recreation Center. Away games will be scheduled for older age divisions.

Fees (non-refundable)

In-City residents - \$45.00; Out-of-City residents - \$55.00. The fee provides a jersey to be kept. **Financial assistance is available for those who qualify and will only be taken during 3 weeks of the registration period, June 27 – July 15, 2016.**

Sometime during the season, every parent may be asked to volunteer in some capacity. If you have a special talent that we could use, please let us know ☺

Please check participant’s age division:

5 & 6 7 & 8 9 & 10 11 & 12 13 - 15

Participant’s Name: Gender: M F Years of Experience:

Age: (as of cut-off date) Grade: School: Date of Birth:

Shirt Size: Youth: M L Adult: S M L XL (add \$5.00 more for AXL) Previous Coach:

Parent's Name: Address:

City: Zip: Phone Number: (H) (W)

Email: Emergency Contact: Phone Number:

Health restrictions, injuries, etc.:

VOLUNTEERS NEEDED! Please check one if you can help as: **Coach** **Team Parent** **Referee** **Volunteer**

Please return this form with your payment by July 22, 2016 to: City of Pickens Recreation Dept./P.Y.A.C., PO Box 485, Pickens, SC 29671; phone # 878-2296; fax # 878-2291 Our physical address is 545 Sangamo Road.

I have read and agree to abide by the terms and conditions set forth in the parent/guardian contract. I will make certain that my child reads the player’s contract and has it explained to him/her if needed.

Parent/Guardian Signature:

Office Use Only: Date Paid _____ Amt. _____ Cash / Check # _____ Rcpt. _____ Wv. _____ Birth Cert. _____

AGREEMENT, RELEASE AND WAIVER OF LIABILITY

In consideration of being permitted to participate in or assisting others in participating in the Pickens Rec. Soccer program, and related events and activities, on behalf of myself, or a minor child or ward, heir, next of kin, personal representative, successor or assign:

1) I ACKNOWLEDGE, UNDERSTAND AND DECLARE THAT:

- a) To the best of my knowledge, I am in GOOD PHYSICAL CONDITION and have no disease or injury that would be aggravated by participating in activities related to the event;
- b) Participating or assisting others in participating in the event may involve RISK OF INJURY TO ME, INCLUDING DEATH, LOSS OR DAMAGE TO ME OR MY PROPERTY, or other consequences, which might result not only from my own actions, inactions or negligence but also the actions, inactions, or negligence of others, the rules of play or the conditions of the premises or of any equipment used;
- c) There may be OTHER RISKS not know or not reasonably foreseeable; and Understanding All of the Above.

2) I ASSUME ALL OF THE ABOVE RISKS AND RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND CONVENANT NOT TO SUE THE CITY OF PICKENS, PYAC NOR THE FOLLOWING:

- a) any affiliated subsidiary, successor, organization, or related companies or businesses, other participants, sponsoring agencies, sponsors, or advertisers, the respective administrators, officers, directors, agents, representatives, employees or volunteers of such entities or organizations;
- b) owners, lessors and lessees or premises used to conduct the event FROM ANY AND ALL LIABILITY FOR INJURY, INCLUDING DEATH, LOSS OR DAMAGE TO PERSON OR PROPERTY, OR ANY OTHER CONSEQUENCE in connection with entry in or arising out of participation in, performance in or lack of performance in, including travel en route to and from the event.

3) CONSENT TO:

ALL EMERGENCY MEDICAL TREATMENT as may be deemed appropriate under existing circumstances by medical personnel or personnel associated with the event. I HAVE READ THIS FORM IN ITS ENTIRETY AND HAVE PROVIDED TRUTHFUL INFORMATION.

Name of Athlete (print)

Name of Parent/Legal Guardian (print)

Signature of Athlete (If over 18 yrs. of age)

Signature of Parent/Legal Guardian, Individually and in the capacity as Parent/Legal Guardian if Athlete is under 18 years of age.

Date