

Mapleton After-School Soccer Program

Participant's Name: _____ Grade as of September 1st _____
(Please fill out a separate registration for each child. It helps us keep things organized better.)

Birth Date: _____ Name of school that child will be attending this fall _____

Parent/Guardian's Name(s): _____

As a parent, are you interested in being a volunteer coach? _____
(A commitment to be at all of your child's season games is a must in order to coach.)

Telephone #: _____ / _____

Email: _____

Mailing Address: _____

Legal Residence (if different): _____

Medical Concerns/other issues to be aware of:

Shirt Size: (Youth Sizes) S M L XL (Adult Sizes) S M L XL XXL

Eligibility- Players must be within grades PreK–6th on September 1st

Note: Teams are chosen by the Rec Director and coaches. Siblings in the same age group will be placed on the same team. All spectators and relatives must display good sportsmanship and lead by example. Those disturbing the game will be asked to leave. Late signups will be placed on a waitlist and may not be able to play.

Fees for Soccer:

\$25 per child - \$70 maximum per family

"Max per family" discounts cannot be applied across activities. They only apply within the specific activity that is being registered for.

Registration deadline is August 16th.

All registrations received after the deadline may be placed on a waiting list, and may not get a team shirt.

For office use only

Date Release Form Was Received _____ Cash/Check # _____ Total \$ _____

**TOWN OF MAPLETON, CASTLE HILL & CHAPMAN
RECREATION PROGRAM WAIVER**

RELEASE OF LIABILITY AND WARNING
PLEASE READ BEFORE SIGNING!

1. 1. In consideration for _____, born ____/____/____
(Print Name) (mm / dd / yy)
hereafter referred to as MINOR CHILD, being allowed to utilize the programs, services, facilities and equipment available in the MAPLETON, CASTLE HILL & CHAPMAN RECREATION PROGRAM (hereafter referred to as MCHCRP) and on the grounds surrounding it, I **voluntarily agree to assume all risks involved in my MINOR CHILD participating in or using the programs, services, facilities and equipment of the MCHCRP**. I understand that direct supervision by MCHCRP staff may not be provided and by participating in or using the programs, services, facilities and equipment of the MCHCRP, **my MINOR CHILD is exposed to the risk of injuries including but not limited to temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, head, neck or spinal injuries, loss of use of arms and/or legs, eye damage, disfigurement, drowning or death**. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of my MINOR CHILD'S participation in or use of the programs, services, facilities and equipment of the MCHCRP that cannot be specifically listed. Further, I recognize that the actions of other users of the MCHCRP may cause harm or loss to my MINOR CHILD'S person or property.
2. I release the Towns of Mapleton, Castle Hill & Chapman, the Recreation Department, and the employees, the agents or representatives or staff of Mapleton, Castle Hill & Chapman (hereafter referred to as the Towns) from any and all liability, claims, costs, expenses, injuries or losses including those resulting from acts of negligence by the Towns that I, or my MINOR CHILD may otherwise sustain as a result of my MINOR CHILD'S participation in or using the programs, services, facilities and equipment of the MCHCRP. I also release the Towns from loss or damage to the person or property of my MINOR CHILD caused by other users of the MCHCRP.
3. If any part or portion of this Assumption of Risk and Release of Liability is determined to be invalid or unenforceable, the remaining parts or portions shall be enforceable to the fullest extent permitted by law.
4. By signing as the parent or guardian of the MINOR CHILD, I represent that I am the **legal** parent or guardian of the MINOR CHILD. I, the undersigned parent or legal guardian, acknowledge that I am also signing this Assumption of Risk and Release of Liability on behalf of the MINOR CHILD and that the MINOR CHILD shall be bound by the terms of this Assumption of Risk and Release of Liability.
5. In the case of an emergency where I cannot be reached, I hereby give authorization to the Towns, MCHCRP, its employees and the treating physician to obtain or provide what medical treatment is deemed necessary for the immediate welfare of my MINOR CHILD as named above.
6. I have carefully read this Assumption of Risk and Release of Liability and fully understand its contents. I am aware that this Assumption of Risk and Release of Liability is a contract between the MCHCRP, and myself and on behalf of my MINOR CHILD (as named above), I sign it of my own free will.
7. I have voluntarily agreed to allow my minor child to engage in all summer recreation activities which he/ she has signed up for at the Mapleton Recreation Department. I understand that some events may require travel which the Mapleton Recreation Department does not provide.
8. I have been fully informed that some recreational activities may be dangerous to my minor child and other participants and which could cause property damage, bodily injury or death. Such dangers, hazards, and risks may include: Abrasions, strains, sprains, muscle aches, dislocation, or fractures.
9. I accept and assume all responsibility for all harm and injury of every nature, including death, **and including exposure to the COVID-19 virus**, which may occur to my minor child or which he/she may suffer or cause to others, and for all bodily injuries, damages or loss to any personal property suffered by him/her, or damaged or caused by him/her, while participating in any program or event of the Mapleton Recreation Department.
10. I understand and accept that failure to comply with the Mapleton Recreation Department's safety policies and procedures may result in suspension and/or termination of my minor child's access privileges, and I hereby release the Town from any legal claims and action regarding care of my child.
11. Registration signifies your approval of the unremunerated use of any photos or the likeness of the applicant/child for the Mapleton Recreation Department's advertising and promotional use.
12. **I understand that I and my child must comply with any applicable orders, guidelines, directives, or policies and limitations related to the COVID-19 virus, including but not limited to any such orders, guidelines, directives, or policies and limitations restricting my access to any programs, venues, and events which are implemented and published by the Mapleton Recreation Department. Currently, and until further notice, all spectators of sports games or events must remain in their motor vehicle during the games or events. Any person who does not have a vehicle or who does not wish to remain in a vehicle during games or events, may watch games or events via live stream video accessed on the Town of Mapleton's Facebook page.**

THIS DOCUMENT WILL BE CONSIDERED EFFECTIVE FROM THIS DATE FORWARD

Printed name of LEGAL Parent or Guardian #1	Signature of LEGAL Parent or Guardian #1	Date
Printed name of LEGAL Parent or Guardian #2	Signature of LEGAL Parent or Guardian #2	Date

(If available and applicable, we request the name and signature of two legal parents or two legal guardians on this document.)

NOTE: It is **strongly** recommended that parents/legal guardians consult a physician prior to allowing their child to participate in physical activity