

\$55

2022 Indoor Soccer



5-6 Town Boys <input type="checkbox"/>	5-6 Valley Boys <input type="checkbox"/>	7-8 Town Boys <input type="checkbox"/>	7-8 Valley Boys <input type="checkbox"/>	9-10 Town Boys <input type="checkbox"/>	9-10 Valley Boys <input type="checkbox"/>	11-14 T&V Coed <input type="checkbox"/>
5-6 Town Girls <input type="checkbox"/>	5-6 Valley Girls <input type="checkbox"/>	7-8 Town Girls <input type="checkbox"/>	7-8 Valley Girls <input type="checkbox"/>	9-10 Town Girls <input type="checkbox"/>	9-10 Valley Girls <input type="checkbox"/>	

All information is required; incomplete forms will be returned

Divisions may be combined (gender and/or location) if enrollment is low

Player First Name		Player Last Name		Birthdate	Grade	Gender Identification Male <input type="checkbox"/> Female <input type="checkbox"/>	
Medical concerns you wish to share or special requests (siblings or family). Coach requests are NOT accepted							
Parent/Guardian First Name		Parent/Guardian Last Name			Birthdate		
Mailing Address				Email address			
Home Phone:				Cell Phone:			
Work Phone:				Carrier:			
Emergency Contact Name:				Emergency Contact Home Phone:			
Relationship to player:							
Volunteer to coach your child's team		Member of Juneau Soccer Club		Overall Rating		# of Seasons Played:	
Name:		Yes <input type="checkbox"/> No <input type="checkbox"/>		1 2 3 4 5			
Payment Information: Check #		Cash	MC	Visa	P&R Credit	P&R Scholarship	
Amount:							
Name on Card: _____							
Card Number: _____							
Expiration Date: _____		CV: _____					
Signature: _____							
		P&R Office Use Only					
		Date Received:		CivicRec Receipt #			

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Philosophy: The Juneau Parks and Recreation Department youth sports program is oriented towards providing a healthy recreational and social learning experience for children. Fun and sportsmanship are emphasized rather than competitive attitudes.

Program Format: The league is open to all abilities. All players will receive a certificate of participation. The season will consist of 2 pre-season practices, games on Saturdays, and 1 practice per week, 10/11-12/11/2021.

To play "up" a league, players must turn required age before 12/11/2021. This includes siblings and kids with parents coaching. P&R must approve all special requests at the time of registration. Four-year-olds must turn 5 by 10/31/2021 to play P&R Indoor Soccer. Proof of age may be requested.

Email & Cell phone: your information will not be given to a third party platform. By giving us your information, you agree to receive emails from the P&R department, from your child's coach, and text message updates regarding the program you have signed up for.

Special Requests: Specific requests for team assignments made by parents will be considered on an individual basis. Decisions related to these requests will be made only by staff and will be based on the merits of what is best for the child and the program. P&R attempts to honor requests for transportation purposes but retains the right to deny any request in order to maintain control over team balance. Both parties must make the request at the time of registration. We will allow only one person per request. Coach requests will not be accepted. **Siblings will not automatically be placed together; please indicate on form if you want them together in the special request box.**

REGISTRATION INFORMATION: Early Bird registration will take place 8/20-9/5. A \$10 LATE FEE will be added to all registrations received starting September 6, for a total of \$65. Registrations received after September 12 will be placed on the waitlist. Every effort will be made to place waitlisted children on teams, but there is no guarantee.

Refund Policy:

A refund or credit will be given if notification is received 3 working days prior to the first league game. For a medical cancellation, a physician's statement is required and a partial refund will be given, prorated to the date of the notification. If a refund is requested, there is a \$5 service charge per participant. If a P&R credit is requested, there is no service charge. **Credit must be used 1 year from date of issue.**

Notice: Occasionally Parks & Recreation photographs participants enrolled in recreation programs, events or on P&R property. These photographs are used to P&R purposes only and may be included in future P&R media. Your presence is your consent, without compensation, from P&R to use your likeness.

You can fax, mail or email in your registration forms!

Fax: (907)586-4589

Email: parks.rec@juneau.org

Mailing: 155 S. Seward St. Juneau, AK 99801



Assumption of the Risk, Release and Indemnification Agreement

In consideration of my being permitted by Juneau Parks & Recreation (hereinafter "P&R"), to participate in Indoor Soccer activities, I agree to the following:

I acknowledge there are inherent risks in playing Indoor Soccer. I am aware that when participating in Indoor Soccer serious accidents occasionally occur and that participants occasionally sustain personal injury or death and/or property damage.

Potential injuries from participating in Indoor Soccer are injuries to ankles, knees, and legs, along with other parts of the body due to running, jumping, quick and abrupt starts and stops, and the risk of injury as a result of being struck by another player or equipment. The field and surrounding areas of the field cannot be ensured to be free of defects, and that there is a risk of injury as result of tripping on an unknown hazard on or nearby the court itself. In addition to the above mentioned risks, there are unpredictable dangers involved in this sport.

I acknowledge that I am responsible for the proper use of all equipment. I agree to assume all the risks associated with the use of any equipment, whether it belongs to P&R or my own. I agree to pay attention to the state of the equipment and to advise P&R staff if I do any damage or notice any damage. I agree to abide by all P&R rules and if P&R staff makes a specific request of me, or gives instruction to me, I agree to comply.

I understand that P&R does not assume responsibility for the safety of my personal property while I am participating in Indoor Soccer. I represent to P&R that there is no reason why I should not participate in Indoor Soccer, such as any medical condition, which might affect my abilities to participate in soccer. **I agree that it is my responsibility to participate in Indoor Soccer within my abilities.**

Waiver and Release:

By my signature below and in consideration of my participation in Indoor Soccer and use of the Indoor Soccer equipment, or the use by the minor for whom I sign below, I waive and release the CBJ, its employees, and its agents from all liability, loss, and/or damage claim or cause of action, known or unknown, including but not limited to physical or mental injury, property damage, and wrongful death, that I may have against the CBJ, its employees, and its agents, for any and all injuries, damages, or death incurred in relation to my participate in soccer and/or use of soccer equipment, including those caused by the negligence of the CBJ, unless my injuries, damages or death is caused by the gross neglect of the CBJ or its employees or agents. **By signing this agreement, I intend to release the City from liability with respect to any damages or injuries caused by the unavoidable and inherent risks involved in playing Indoor Soccer.** My signature below indicates that I have had sufficient opportunity to read this document and that I have read it, and that I understand it, and that I understand that it affects my legal rights, and the legal rights of any minor I am signing on behalf of, and I agree to be bound by these terms both for myself and as the legal guardian of the minor whose name appears below.

Signature of Participant: _____ Date: _____

Print Name: _____

Signature of Parent or Legal Guardian: _____ Date: _____

Print Name: _____



ASSUMPTION OF RISK AND WAIVER OF LIABILITY – CORONAVIRUS/COVID-19

The novel coronavirus, which causes COVID-19, has been declared a worldwide pandemic by the World Health Organization, a national emergency by the United States, and public health emergency by the State of Alaska and the City and Borough of Juneau. As a result, federal, state, and local governments recommend social distancing, face masks, frequent hand washing, and other public health measures.

The City and Borough of Juneau (“CBJ”) has put in place preventative measures to reduce the spread of COVID-19; however, the CBJ **cannot guarantee** that you or your participating child(ren) will not become infected with COVID-19. It is acknowledged that attending sponsored activities **can increase** your risk and your participating child(ren)’s risk of contracting COVID-19.

By participating in this CBJ sponsored program, you agree to the following:

1. Neither I, nor my child(ren), nor anyone in my immediate household, including the actual participant(s) in the activity, have been diagnosed with, or demonstrated any symptoms of, any communicable disease, including COVID-19, within the past thirty (30) days; ____ (initial)
2. I acknowledge that I am aware that by entering the premises and participating in the sponsored activity that there are risks to me and my child(ren) of being exposed to COVID-19, and/or any mutation or variation thereof. I am also aware that such an exposure can occur directly or indirectly; ____ (initial)
3. I understand that certain individuals are more susceptible to becoming seriously ill if they contract COVID-19, including people over the age of 65, people with serious underlying health conditions, including high blood pressure, chronic lung disease, diabetes, obesity, asthma, and those whose immune systems are compromised. I understand that if I or my child(ren), including the actual participant(s) in the activity, fall within one or more of these categories, there is a greater risk; ____ (initial)
4. I understand that while the CBJ strives to maintain everyone’s safety at all activities, the CBJ cannot eliminate all risks. By signing this waiver, I (and anyone that could legally stand in your place) intend to assume all risks, including contracting COVID-19, associated with my or my child(ren)’s involvement in the sponsored activity; ____ (initial)

Waiver and Release:

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my participating child(ren) and I may be exposed to or infected by COVID-19 while attending CBJ sponsored summer activities, and that such exposure or infection may result in personal injury, illness, permanent disability, and even death. I understand that the risks of being exposed or infected by COVID-19 during CBJ sponsored activities may result from the actions, omissions, or negligence of myself and others, including, but not limited to, CBJ employees, volunteers, and participating families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to personal injury, disability, and death), illness, damage, loss, claim, liability, or expense of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at CBJ sponsored activities. On my behalf, and on behalf of my child(ren), I hereby release and hold harmless the CBJ, its employees, officials, agents, volunteers, and representatives of any claim, liability, action, damage, cost or expense arising from or related to COVID-19 exposure. I understand and agree this release includes any claims based on the acts, omissions, or negligence of the CBJ and its employees, agents, representatives, and volunteers, whether a COVID-19 infections occurs before, during, or after participation in any CBJ sponsored program or event.

My signature below indicates that I have had sufficient opportunity to read this document and that I have read it, and that I understand it, and that I understand that it affects my legal rights, and the legal rights of any child(ren) I am signing on behalf of, and I agree to be bound by these terms both for myself and as the legal guardian of the child(ren) whose name appears below.

Name of Participant: _____ Date: _____
 Parent Name: _____
 Date of Birth: _____ Age: _____ Email: _____
 Mailing Address: _____
 Home Phone: _____ Work Phone(or parent’s phone): _____
 Signature of Parent or Legal Guardian: _____
 Print Name: _____