

2024 Outdoor Soccer



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

Divisions may be combined (gender and/or location) if enrollment is low
player must turn 5 by 8/26/23

All information is required; incomplete forms will be returned

| | | | | | | | |
|---|--|--|---------------------------|-------------------------------|------------|--|--|
| 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/Cell Phone: | | | | Work Phone: | | | |
| 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 pre-season skills clinic instruction and a certificate of participation. The season will consist of 1 pre-season practice, games on Saturdays, and 1 practice per week during the season.

To play "up" a league, players must turn required age before 08/31/24. This includes siblings and kids whose parents are coaching. P&R must approve all special requests at the time of registration. Four-year-olds must turn 5 by 08/31/24 to play P&R Outdoor 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: Fee is \$55. Registration will take place May 6-19. A \$10 LATE FEE will be added to all registrations received starting May 20, for a total of \$65. Registrations received after June 16 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.gov

Mailing: 155 Heritage Way 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 Outdoor Soccer activities, I agree to the following:

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

Potential injuries from participating in Outdoor 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 Outdoor Soccer. I represent to P&R that there is no reason why I should not participate in Outdoor 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 Outdoor Soccer within my abilities.**

Waiver and Release:

By my signature below and in consideration of my participation in Outdoor Soccer and use of the Outdoor 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 Outdoor 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: _____