

# HPR SOCCER CAMP REGISTRATION FORM

## June 17-20



**Grades 1-8  
See Flyer or Website  
for Details**

\$30.00 INCLUDES T SHIRT (two or more same household \$25 each).

(Must be same household).

Participant's Name: \_\_\_\_\_

Current Grade \_\_\_\_\_

Shirt Size (circle): YS YM YL AS AM AL AXL AXXL

Does your child have any health concerns? If so, please inform the coaches of your needs.

Child's Age: \_\_\_\_\_ Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Emergency Contact/Telephone: \_\_\_\_\_

My child has medical restrictions which their coach should be aware of. Yes \_\_\_\_\_ No \_\_\_\_\_ (Asthma, epilepsy, diabetes, etc.) If

yes, please explain \_\_\_\_\_

INSURANCE WAIVER I have insurance that covers my child to participate in the youth soccer program. Insurance Co:

\_\_\_\_\_. If I do not have insurance for my child, nor do I wish to obtain insurance for my

child, I know that it will be my full responsibility for any medical expenses incurred. PARENTAL CONSENT AND WAIVER OF LIABILITY

I consent to, and give permission for, my child

to participate in the Youth Soccer Program. I have no knowledge of any physical impairment that would be affected by my child's participation in the soccer program. I further agree to waive

all liability of the Higginsville Park and Youth Soccer Program, its representatives, employees, Managers, team coaches, School District and any other participant, for any accident, injury,

illness or other mishap which might befall the individual named on this registration while traveling to or from, or during their participation in the soccer program, whether or not such liability,

claim, damage, loss or expense is caused in part by the negligence of any person, including any negligence by or on behalf of the Youth Soccer Program, its agents and specifically including

any defects in the condition of the property of the Youth Soccer Program or the condition of its maintenance. I consent (yes \_\_\_ or no \_\_\_) to emergency medical care for

my child in case of sickness or injury, and any actual charges made for such care. I agree to abide by the rules and regulations as set forth by the soccer program for my child's participation,

and that each player will be responsible for himself, his insurance and his equipment. I acknowledge that I have freely and voluntarily entered into this Agreement and that I have read and

understand this agreement in its entirety. I hereby give my consent for the above child to participate in the Higginsville Park and Recreation Youth Soccer Program. We absolve HPR and the

Park Board and City of Higginsville of any accident, injury, illness or other mishap.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please return form & check made payable to Higginsville Park & Recreation on or prior to deadline. Drop box location: 29th and Cypress. Office (801 w. 29th)

Mail address is HPR PO BOX 110 HIGG. MO 64037.

Make checks payable to Higginsville Parks and Recreation or HPR. Drop by registration and payments at the secure drop box /mail slot 801 w. 29h across from the Rodeo Arena.