

HPR Youth Soccer Registration Form Spring 2024 (READ ALL INFO)

DO NOT RETURN FORMS TO SCHOOL – RETURN TO HIGG. PARKS AND RECREATION – DEADLINE 2-14-24

SECURE DROP BOX FOR FORMS AND PAYMENT AT 801 WEST 29TH YOU MAY REGISTER AT ANY TIME UNTIL DEADLINE. CHILDREN MUST BE 4 years old by 8-1-24. Pre-K thru 9th grade - FEE: \$65.00 PER CHILD (includes: shirt & socks). Parents to provide shin guards and shoes.....Shin guards, and cleats are mandatory. Some of the divisions will play other towns. Towns we might play are Lexington, Richmond and Odessa, with other towns possible. **Family discount: (Must be same house) Each child after the 1st full price in same household gets a discount. 1st child = \$65, 2 children in same household = \$120.00, 3 children in same household = \$175.00, 4 children = \$230.00. 5 children = \$275.00. (same household).**

THE VOLUNTEER COACHES SCHEDULE WILL DETERMINE WHAT DAY THEY PRACTICE. THEY MIGHT PRACTICE ON SUNDAYS AS WELL. WE CANNOT TAKE ANY SPECIFIC REQUESTS ON DAYS THAT YOU CAN OR CANNOT PRACTICE. THE COACHES WILL TRY TO WORK WITH YOU. GAME DAYS TBD, WE TYPICALLY USE SATURDAYS, AND WEEKDAYS. SUNDAYS ONLY IF NEEDED DUE TO RAINOUTS, USUALLY.

Players Name: _____ PLEASE CIRCLE: BOY GIRL DOB: _____

(Circle current grade)

Pre-K4 (or will be 4 by 8-1-24) Kindergarten 1st/2nd Grades 3rd/4th 5th/6th 7th/8th/9th

Email: _____

Parent/Guardian: _____ Best Phone: _____ Emergency #: _____

Mailing Address: _____ City _____ State _____ Zip _____

Can HPR or coaches text message you? Yes No **NOTE: HPR DOES NOT GUARANTEE TEAM PLACEMENT, NOR COACH YOUR CHILD WILL HAVE.**

CIRCLE PROPER CHOICES: Shirt Size: Youth YXS, YS, YM, YL, Adult Small, AM, AL, AXL, AXXL, AXXXL
SHOES - MAY NOT HAVE THE FRONT CLEAT THAT BASEBALL AND SOFTBALL CLEATS HAVE. SHIN GUARDS ARE REQUIRED (WORN UNDER THE SOCK). SOCKS PROVIDED. PLEASE PROVIDE YOUR OWN SHORTS, PREFER BLACK.

I WOULD LIKE TO HEAD COACH: YES NO - Coaches must submit to a background check. Coaches will refrain from derogatory language and unsportsmanlike behavior and actions. **IF ASKED TO HELP MY T-SHIRT SIZE:** AS, AM, AL, AXL, AXXL, AXXXL (H.C. & ONE ASST. COACH GET A SHIRT, YOU MAY BUY EXTRAS).

I AM INTERESTED IN REFFING (Y / N) OR KNOW SOMEONE WHO IS _____ PHONE# _____

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 Company:**

_____. 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 due to COVID-19.

I AM SIGNING UP KNOWING THAT THE VOLUNTEER COACHES WILL CHOOSE THEIR OWN PRACTICE DATES.

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 Mail address is HPR PO BOX 110 HIGG. MO 64037. Deadline is firm on Feb 14, 2024 for mailed forms. Late fees may apply for all late forms.

Notes: In System: CASH: CHECK #: MONEY ORDER #:

THERE IS NO SMOKING/VAPING ALLOWED AT ANY OF OUR FIELDS OR THE SCHOOL FIELDS. DOGS ARE NOT ALLOWED INSIDE THE SOCCER FENCE. HPR CANNOT GUARANTEE THE SOCCER SEASON AND BASEBALL/SOFTBALL SEASONS WON'T OVERLAP.