

# City Stars Soccer Program

## Registration Form

Jonesboro Parks and Recreation is offering a free soccer program to Jonesboro area youth ages 4-18. The only cost is commitment, hard work and determination. No fee will be charged for participation in this league. A uniform will be loaned to all participants who register. Practices will be held on local school soccer fields. Games will be played at Joe Mack Campbell Park. Contact the Parks and Recreation Department at 933-4604 for more information. Please complete the following form and return it or fax it in care of City Stars at the Earl Bell Center, 1212 S.Church St. Jonesboro, AR. 72401 (Fax 933-4641).

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Sex \_\_\_\_\_

Player's Birth date \_\_\_\_\_ Age \_\_\_\_\_ Height (inches) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Race (For statistical purposes only)(circle one) African American Caucasian Hispanic Asian Native American Other

Does the participant have health insurance \_\_\_\_\_ Years Played Soccer \_\_\_\_\_

Current grade in school \_\_\_\_\_ School \_\_\_\_\_

Please list any medical problems \_\_\_\_\_

Mother's Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Person to contact in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

Doctor to notify \_\_\_\_\_ Phone \_\_\_\_\_

Shirt Size (circle one) YS YM YL AS AM AL AXL Short Size (circle one) YS YM YL AS AM AL AXL

Please circle your preferred practice location:

Fox Meadow Elementary  
2305 Fox Meadow Lane

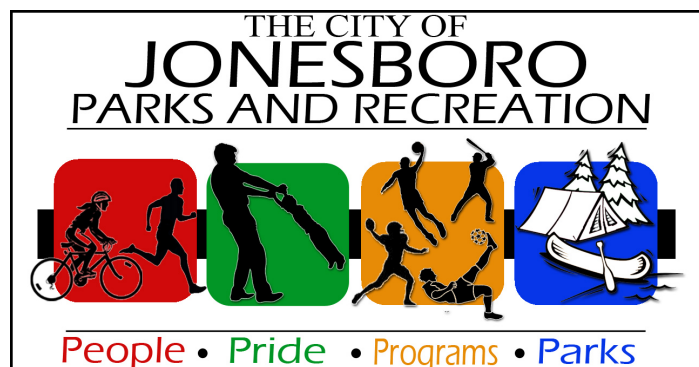
Success Schools  
613 N. Fisher

Nettleton Intermediate Center  
3801 Vera Street

Math & Science  
213 E. Thomas Green Rd.  
(Age 8 and under only)

Health & Wellness  
1001 Rosemond  
(Age 8 and under only)

On a scale of 1 to 10, rank the participant's ability for their age (circle one): 1 2 3 4 5 6 7 8 9 10  
Novice Average Expert



### Participant and Spectator Rules

No abusive behavior toward a player, coach, referee or league coordinator will be tolerated. No abusive language or profanity directed at a player, coach, referee or league coordinator will be tolerated. Violators of these policies will be given one warning. If participants and spectators do not comply they will be removed from the building or venue.

I, the parent of the registrant a minor, agree that the registrant and I will abide by the rules of Parks and Recreation and the City Stars Youth Sports Program, its affiliated organizations, and sponsors. Recognizing the possibilities of physical injury associated with basketball and in consideration for the Parks and Recreation Department accepting the registrant for its basketball program and its activities, I hereby release, discharge, and/or indemnify the Parks and Recreation Dept. its affiliated organizations, their sponsors, their employees, volunteers, and associated personnel, against any claims by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize. I also release my child's image in the form of a photograph or video to be used solely by City Stars for promotion of the program to the public through the media.

**CONSENT FOR MEDICAL TREATMENT (MINOR):** as the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Name \_\_\_\_\_ Date: \_\_\_\_\_

**PARENTAL SUPPORT:** We encourage parents to support our programs. Please check the area or areas in which you would be willing to help.

Coach

Asst. Coach

