Jerseyville Parks & Recreation Department

401 Mound Street ♦ Jerseyville, IL 62052

618.498.2222 ♦ www.jerseyville-il.us

Traveling Co-ed Soccer League

Online Registration: signupville.com

- Fee is $45/individual
  $10 late fee will be collected August 12th-19th
- Boys & girls entering (in the fall) 7th/8th grade
- Fee includes game jersey
- Shin guards, rubber cleats and matching team shorts & socks are required
- League will run September-October
- Games will be played on Sunday afternoons/evenings; occasional Saturdays
- Possible game locations include: Litchfield, Carlinville, Pana, Gillespie, Virden, Eagarville, Auburn, Hillsboro, Raymond, Farmersville, Palmyra, Staunton and Nokomis
- Travel will be the responsibility of the parents
- The league depends on parents as coaches
- **Registration deadline is Wednesday, August 19th!**

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----------RETURN THIS FORM WITH PAYMENT TO: JPRD/ 401 Mound Street / Jerseyville, IL 62052 ----------

Fee: $ 45/individual Method of Payment: ☐ Check #_____ ☐ Cash

Participant's Name_____ **Age** _____ **Grade (in the *FALL '20*)** _____ **Gender:** ☐M ☐F

Jersey Size: ☐*Youth L* ☐*Adult S* ☐*Adult M* ☐*Adult L* ☐*Adult XL*

Primary Guardian Name _____ Home Phone _____ Cell Phone _____

Email Address (*ONLY used for program purposes*) _____

Home Address _____ City _____ State _____ Zip _____

Describe any special accommodations this participant may need _____

_____

Would anyone in your household like to be a volunteer ***Head Coach***? ☐Yes ☐No **or** ***Assist Coach***? ☐Yes ☐No Name _____

Participant Release Statement: I hereby, for the participant and myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the City of Jerseyville its successors and assigns, it's employees, agents, officers and directors for any and all injuries suffered by myself or my child at any activity sponsored by these groups. I further understand the risks and dangerous situations attendant to the activity for which my child is entering. I understand medical coverage is my responsibility. **PHOTO PERMISSION:** I grant permission for pictures to be used in the City of Jerseyville publicity materials. **ACTIVITY DISCLAIMER:** I understand that the City of Jerseyville reserves the right to cancel, combine or divide classes. In addition, there may be a need to change dates, times, locations, instructors, fees or program outline revisions of any activity offerings.

Guardian's Signature _____ Date _____

Jerseyville Parks & Recreation Department ♦ Traveling Co-ed Soccer ♦ Fall 2020

For JPRD use only
Registration Taken By _____ Date _____ Fee Paid_____ Entered By _____ Date _____