

The City of Longmont Middle School
Soccer Registration Form 2020-2021



Equipment Needed to Play:

Shin guards, socks, and shoes/cleats are required to play in games and practices.

NOTE: Students must be academically eligible according to school policies in order to play games.

PAYMENT INFORMATION - Check the box that applies to you.

FULL PAYMENT REQUIRED FOR REGISTRATION. Please attach payment to this form.

To pay by Credit Card go to: <https://rec.ci.longmont.co.us/>

Or visit The Longmont Recreation Center, 310 Quail Rd, Longmont, CO 80501

MAKE CHECKS PAYABLE TO: CITY OF LONGMONT

____ \$55 check #: _____ cash: _____

____ \$45 (free/reduced lunch) check #: _____ cash: _____

Shirt Size: _____ (YL, AS, AM, AL, AXL)

PLAYER NAME: _____ **SCHOOL:** _____

Street Address

City

Zip Code

Phone

Grade

Date of birth

Email

PARENT/ GUARDIAN INFORMATION

(Parent/ Guardian #1) First name

Last name

Work phone

Cell phone

(Parent/ Guardian #2) First name

Last name

Work phone

Cell Phone

EMERGENCY CONTACT INFORMATION (Person other than the parent/ guardian listed above)

First Name

Last Name

Relationship

Home Phone

Work Phone

Cell Phone

**Please turn form over and complete back side.

Please complete both sides of this form in PEN

Medical Information

Please list any medications that your child takes on a regular basis:

Please list any other medical conditions that your coach may need to know about (asthma, etc):

Minor Child Release, Liability Waiver and Hold harmless statement for participation in programs sponsored by the City of Longmont

I understand that there are certain risks involved with participating in the City of Longmont Intramural Soccer Program. On behalf of my minor child identified above, I hereby RELEASE, DISCHARGE, AND AGREE TO HOLD HARMLESS THE CITY OF LONGMONT, ITS OFFICERS, AGENTS, VOLUNTEERS, ASSISTANTS AND EMPLOYEES, from any and every claim, demand or action of any kind arising due to bodily injury, illness, death and/ or property damage resulting from an incident which may occur to my minor child as a result of my minor child's participation in the City's activities. The RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT does not apply if such injury, death or damage is caused by the willful, reckless or gross negligence of the City of Longmont, its officers, agents, volunteers, assistants or employees.

Signature of Parent

Date

Emergency Medical Authorization:

I furthermore give permission to the City of Longmont and its employees and volunteers to obtain emergency medical treatment for my child or the child over whom I have legal custody, each of whom is listed above. I understand that all reasonable effort will be made to contact me prior to seeking medical care for the child listed above. If I cannot be reached, the City of Longmont will exercise reasonable judgment in seeking medical treatment of my child.

Signature of parent

Date

Transportation Acknowledgment:

I understand that my child will be transported by City of Longmont employees in a City of Longmont vehicle for off site games and/or practices. Any participant being transported by The City of Longmont is required to wear a seatbelt. Inappropriate behavior will result in termination of transportation service for participant.

Signature of parent

Date

Photograph Release:

To more effectively promote programs and activities sponsored by The City of Longmont, the City of Longmont seeks permission of program and activity participants to photograph their child participating in City of Longmont programs and activities. I permit the City of Longmont to take and use photographs of my child for the purpose of promoting city programs and activities. This includes permission to publish photographs of my child for such purposes.

Signature of parent/ Guardian

Date