



Charles Carroll Recreation Council
Carroll County Recreation & Parks

2018 FALL SOCCER REGISTRATION

Charles Carroll Recreation Council Soccer Program is in need of a new commissioner. Assistance will be provided as needed. If interested, please contact Darlene at ocnjbeachbum1@hotmail.com; Kathy at chatty.katherine@gmail.com or Talara at talara001@aol.com

WHEN: April 18, 2018 – June 30, 2018

WHO: Boys & Girls Ages 4 & Up

COST: \$ 60.00 per player for Clinic (Ages 4 & 5)
\$ 80.00 per player for U8, U10, U12, U14 and High School
\$160.00 maximum registration cost per family. An additional \$25 fee will be applied per child over the maximum for the uniform.

Register Online at Stonealley.com

MORE INFORMATION: Contact Darlene Sadowski at ocnjbeachbum1@hotmail.com

Accessibility Notice: The Americans with Disabilities Act applies to the Carroll County Government and its programs, services, activities, and facilities. Anyone requiring an auxiliary aid or service for effective communication or who has a complaint should contact the Department of Citizen Services, 410.386.3600 or 1.888.302.8978 or MD Relay 7-1-1/1.800.735.2258 as soon as possible but no later than 72 hours before the scheduled event.



www.ccrecpark.org

2018 FALL SOCCER REGISTRATION FORM

CHILD'S NAME: _____ M ___ F ___

BIRTH DATE: ____/____/____ AGE (December 31st) _____

ADDRESS: STREET _____ ZIP CODE _____

HOME PHONE _____ ADDITIONAL PHONE _____

E-MAIL ADDRESS: _____

Uniform Size Information (Please Circle):

Jersey Size Y-S, Y-M, Y-L, A-S, A-M, A-L, A-XL, A-XXL

Pants Size Y-S, Y-M, Y-L, A-S, A-M, A-L, A-XL

My child, _____ has my permission to participate in the activity named above at the time and place indicated at the time of registration. I understand that he/she is subject to the program and recreation council rules of conduct.

The undersigned acknowledges that the Charles Carroll Recreation Council does not provide any registrant medical or hospitalization insurance whatsoever, and hereby waives and all claims against the Council and the Department of Recreation & Parks or any other person affiliated with the recreation council program for injuries sustained while watching or playing games, or traveling to and from games, or participating in any leisure time activity.

PARENT/GUARDIAN SIGNATURE

PARENT / GUARDIAN NAME (printed)

Emergency Medical Information

Player _____ Age _____

Emergency Contact _____

Relationship _____ Phone _____

I give permission in accordance with the above, for the Coach or Assistant Coach to do what is necessary to aid my child. In the event that it becomes necessary for my child to be transported and none of the above people can be contacted for advice or consent, I hereby allow for an ambulance or private conveyance to do the same.

Signature of Parent/Guardian _____

Volunteer Opportunities

_____ Coach

_____ Assistant Coach

_____ Uniform Organization

_____ Concession Stand

_____ Sponsor

_____ Field Maintenance