



Fayetteville Parks and Recreation Spring 2018 - Returning players



This is the Re-Registration form intended for Fall 2017 participants only

Thank you for participating in our fall 2017 soccer program. The spring season is a continuation of the fall season. Return this form along with your payment by January 8, 2018 for your child to remain with the same team from the fall season.

Spring Registration: November 6, 2017 - January 8, 2018

Spring Late Registration: January 9 - January 14, 2018 (additional \$10 late fee)

Spring Season: February 24 – April 28 (No soccer during spring break: March 19-24)

Spring Registration Fees: First Touch, U5, U6, U7, U8 - **\$60** U9, U10 - **\$70** U12, U15, U18 - **\$75**

Registration fees are **NON REFUNDABLE & NON TRANSFERABLE** / Birth Certificate provided upon request

Mail your registration form and payment:
Fayetteville Parks and Recreation Soccer
113 W. Mountain Street
Fayetteville, AR 72701



Drop off registration form and payment:
Fayetteville Parks and Recreation Soccer
1455 S. Happy Hollow Road
Fayetteville, AR 72701

Please write your child's team name and age group from the 2017 Fall season _____
(Example: U6 Boys Timbers, U10 Girls Sporting, First Touch Mon 5/Sat 9, U12 Boys FC Arkansas, etc)

Child's Name _____ Birth date _____ Gender: Male / Female

Address _____ City _____ State _____ Zip _____

Parents Name(s) _____

Primary Phone _____ Alt. Phone _____

Primary Email _____ Secondary Email _____

Medical conditions, allergies _____

Emergency Contact Name/Relation/Phone: _____

WAIVER: I assume all risks and hazards directly related to and incidental to participation in the City of Fayetteville Parks and Recreation Soccer Program. I hereby waive, release, absolve, indemnify and agree to hold harmless the City of Fayetteville, the sponsors, supervisors and participants for any claim arising out of my child's injury.

Child's Name

Parent's Signature

FAYETTEVILLE PARKS AND RECREATION RELEASE OF USE FOR IMAGE OR LIKELINESS:

I, _____, being the Parent/Guardian of _____ hereby grant my consent and full release to the City of Fayetteville Parks and Recreation, and its successors, to use any videos, photographs, and/or motion picture film produced during my child's participation in approved recreational activities, to promote and publicize the public recreational opportunities offered by Parks and Recreation Department; and furthermore, I hereby consent that such videos, photographs, or films together with any plates, tapes, negatives, or other storage media from which they are made, is and shall remain the property of the City of Fayetteville Parks and Recreation Department, and that the Parks and Recreation Department retains the exclusive right to duplicate and reproduce such videos, photographs, or film recordings from said plates, tapes, negatives, or other storage media free and clear of any claim whatsoever on my part, or that of my child.

Parent's Signature: _____

Call Parks and Recreation at 479-575-8369 or email lballard@fayetteville-ar.gov if you have any questions.

Office use only:	Pagnozzi Applied <input type="checkbox"/> _____	Waitlist <input type="checkbox"/> # _____	FC Ark (out of league) \$35 spring <input type="checkbox"/> _____
Payment Type:	Check# _____	Cash <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/>	Amount \$ _____ Date _____ Received by _____
	Verified Returning Player <input type="checkbox"/> _____	Copied from Fall list into MList (Date/Initials) <input type="checkbox"/> _____	