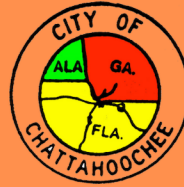


YOUTH SOCCER

FALL 2024



Registration Form

Registration Fee: \$15

DATE OF REGISTRATION

/ /

STUDENT INFORMATION

Full Name :

School: Grade:

Date of Birth : / / Age:

Gender : Male Female

PARENT INFORMATION

Full Name :

Mailing Address :

City: State:

Zip Code :

Are You Willing to Coach? Yes No

Emergency Contact: Phone:

I freely consent for my child to participate in the soccer league co-sponsored by the City of Chattahoochee Recreation Department and Shadetree Athletics. In consideration of the benefits to be derived from participation in this league, I agree to waive all claims, both real and perceived, on behalf of my child which I have or may have against the City of Chattahoochee, the Shadetree Group, Inc., its employees, officers, coaches, volunteers or assigns as a result of my child's participation in such activity.

I authorize these entities to use photos of my child on promotional materials without reservation or limitation. There will not be any monetary compensation paid for that use.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY PROMISES.

Print Name

Sign Name

Registration can be completed online at
theshadetreeregion.org/soccer