

NEWMAN YOUTH SOCCER 2017



Registration: May 1st to May 26th
Late Registration: May 29th to June 16th
After June 17th a waiting list will be created

Fee: \$50.00

(\$5.00 discount for each additional sibling)

Late Registration Fee: \$60.00

\$10.00 Additional fee for all participants not residing in the
Newman-Crows Landing School Districts
NO REFUNDS WILL BE GIVEN AFTER JUNE 16TH

All teams are coed. Open to ages 5 to 14*

* Must be 5 by September 1, 2017 and if 14 must be in 8th
grade. Divisions determined by number of participants.



ALL PARTICIPANTS MUST BRING BIRTH CERTIFICATE TO REGISTER

No requests for coaches or teams will be honored.

Volunteers are needed as coaches and assistant coaches. If you are interested please contact the Recreation Department at 862-4440. All volunteers must be finger printed by August 1, 2017. Fill out and print applications online visit www.cityofnewman.com.

Practice will begin early August.

All games will be held at Sherman Park on Saturdays beginning September 2nd.

Register: Newman Youth Center
831 Hardin Road
Newman, CA 95360



Times: Monday-Friday
2:30 p.m. to 6:00 p.m.
(209) 862-4440



City of Newman Recreation Department

**YOUTH SOCCER
REGISTRATION CONTRACT**

| | |
|---------------------|-----------|
| FOR OFFICE USE ONLY | |
| Amount Paid: | _____ |
| Cash _____ Check#: | _____ |
| Birth Certificate: | _____ |
| "RAP" Applied For: | Yes No |
| Initials: | _____ |

Please Print

Child's Name: _____ Check One: Male Female

Birth Date: _____ Age on September 1, 2017: _____

Grade: _____ School: _____

Home Address: _____ City: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Parent or Legal Guardian's Name: _____

May we contact you at work? Yes No Work Phone Number: _____

List any medical/physical condition that your child has that we need to be aware of:

During your child's participation in this activity, will he/she need use of an inhaler or other medically necessary medications? Yes No (If yes, you must fill out a Parental Consent form for Self Administration of Medicine when you register.)

Emergency Contact Name (Other than self): _____ Relation: _____

Home Phone Number: _____ Cell Number: _____

Please check the correct uniform size for your child. What you check is what we will order for your child. We are unable to make changes once the order is placed.

Shirt Size: Youth Extra Small Youth Small Youth Medium Youth Large
 Adult Small Adult Medium Adult Large Adult Extra Large Adult 2 Extra Large

Short Size: Youth Extra Small Youth Small Youth Medium Youth Large Adult 2 Extra Large
 Adult Small Adult Medium Adult Large Adult Extra Large

Would you like to assist with this program as a volunteer coach? Yes No

If yes, Name: _____ Daytime Phone: _____

All volunteers will be fingerprinted by the Newman Police Department prior to start of season.

Please list any siblings that are also registering for this activity. If in same division, all efforts will be made to place siblings together unless otherwise noted.

Name: _____ Birth Date: _____
Name: _____ Birth Date: _____
Name: _____ Birth Date: _____

If in same division please place together: Check One: YES NO

CONSENT OF WAIVER FOR PARTICIPANT: Permission to participate in the above program sponsored by the City of Newman is given for me and/or my minor child. I understand that the City of Newman carries no medical insurance for any of its programs or activities. I hereby agree to indemnify and hold harmless and release the city of Newman and the Newman/Crows Landing School District, its agents and employees, from any risk and all liability for any injury suffered by myself or my minor child rising from or connected with this program and I will assume all risk for any injuries. I understand that a physician's clearance is recommended prior to participation. I hereby authorize Newman Recreation Department or its volunteers to seek medical treatment if my child becomes injured or ill.

I also understand the following refund policy: Full refund with the exception of a \$10.00 administrative fee charge, until the final day of late registration. After the final day of late registration, NO REFUNDS WILL BE ISSUED.

I understand that there is a \$20 service charge on all returned checks. This fee as well as all original charges must be paid in cash at Newman Youth Center before my child will be allowed to participate.

I understand that requests for coaches or teams cannot be honored.

I understand that my child will not be allowed to switch teams. If I have a problem with a coach or team, I understand that the complaint must be put in writing for review by the Recreation Department.

I understand that my child must attend practice on a regular basis in order to play in games. I understand that I must notify the coach in case of an absence.

I also understand that I must get my child to practice/games on time and pick them up on time. Remember this is your responsibility not the coaches or staffs responsibility.

I agree to conduct myself in a sportsmanlike manner at all times. I understand that this is expected of players, parents, and other family members or friends and that the Recreation Department staff has the authority to remove anyone violating this stipulation without discussion.

I certify that I have read this contract, understand its provisions, and that the information is accurate.

Parent or Guardian's Signature

Date

Email Address: _____
(Only if you would like to receive information via email about upcoming events or programs.)

Recreation Assistance Program Available

"RAP" is based on level of income for Stanislaus Co. residents.

If interested, please ask for application or visit us at www.cityofnewman.com