TOWN OF CHAZY

Youth Soccer Registration Form

Season: _____

Player Information

Player's Name: _____

Date of Birth: _____

Age: _____

Grade (Fall): _____

School: _____

Jersey Size (Circle One):

YS YM YL YXL AS AM AL AXL

Parent/Guardian Information

Parent/Guardian Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

Medical Information

Does your child have any medical conditions, allergies, or medications the coaches should be aware of?

Photo Release

Please check one:

☐ **Yes**, I give permission for the Town of Chazy Recreation Department to use photographs of my child for Town publications, social media, and promotional materials.

☐ **No**, I do not give permission for photographs of my child to be used.

Parent/Guardian Acknowledgment

I certify that the information provided is accurate. I understand that participation in youth sports involves inherent risks, and I agree that the Town of Chazy, its Recreation Department, coaches, volunteers, and sponsors shall not be held liable for injuries that may occur during participation. I authorize emergency medical treatment for my child if I cannot be reached.

Parent/Guardian Signature: _____

Date: _____

Office Use Only

Date Received: _____