



BOYS & GIRLS CLUB
OF CLINTON COUNTY

Co Ed Spring Soccer

Player Information:

Name: _____ Home Phone: (____) _____

Address: _____

Birth Date: ___/___/___ Age: ___ Grade: _____ School: _____

Email address: _____

Preferred Method of Contact: (circle one) TEXT EMAIL PHONE CALL

Shirt Size: **Youth Size:** Small Medium

Adult Size: Small Medium Large Extra Large

Parent Information:

Name: _____ Home Phone: (____) _____

Address: _____

Work Phone: (____) _____ Cell Phone _____

If you're interested in volunteering, please check one of the following:

**** All Volunteers must submit to a background check****

Coach _____ Asst. Coach _____ Official _____ Concession Worker _____

IMPORTANT NOTICE:

As in any sporting event or activity, there is always a chance of serious injury or even death. All necessary precautions are taken to insure your child's safety. By signing this, you acknowledge these risks and further attest to the good physical condition of your child and that they are indeed physically able to participate without doing harm to themselves. You further agree to hold harmless the Clinton County Boys and Girls Club, the City of Frankfort, the Community Schools of Frankfort, its volunteers and its agents in the event of an accident or injury. You further give permission to the Club or its agents to use photographs, still or moving, in connection with these events for any publication in the promotion of the Club or its activities.

Parent's Signature _____ Date _____