

Bryan Parks and Recreation
Pee Wee Soccer
 Registration Form

Participant Name: _____

Date of Birth: _____ Age: _____ T-shirt Size: 2-4 6-8 10-12

Mailing Address: _____ Zip Code: _____

Parent or Guardian Name: _____

Email Address: _____

Daytime Phone: _____ Evening Phone: _____

Emergency Contact _____ Phone: _____

Special Request: _____

Please select the day and time:

How did you hear about our program?

Soccer		
	Tuesdays 9/17-10/22	Thursdays 9/19-10/24
3 Year Olds 5:30pm		
4 – 5 Year Old 6:30pm		

- Newspaper
- Television
- Website
- Radio
- Flyer
- Other: please specify _____

Release Statement

I, the undersigned, hereby agree to participate in the Bryan Parks and Recreation Department's Pee Wee Sports Program. I certify that, to the best of my knowledge, the minor fore-mentioned is: physically fit and able to engage in the programmed activities. I agree to indemnify and hold the City of Bryan and its employees harmless from any liability, loss, cost or expense (including, but not limited to, attorney's fees, medical fees, and ambulance costs) that I may incur as a result of participation in any program activities. In case of emergency, I give my permission for emergency medical treatment. This statement is also valid for any minors that I allow to participate. My signature acknowledges that I understand and agree to the above conditions. _____ Initial

Photo Release

I, the undersigned, do hereby freely grant permission to the City of Bryan to videotape and/or take photographs of my son/daughter and me participating in activities in public places and public facilities in the community and do hereby grant them permission to publish the videotapes and/or photographs taken on television and in the newspaper or other publication for the purpose of promoting the City of Bryan. _____ Initial

 Parent/Guardian Signature Date Full Printed Name

FOR OFFICE USE ONLY

Date: _____ Receipt #: _____ Paid: _____ Check _____ Cash _____ Credit Card _____ Staff Initial: _____
 Letter & Packet: _____ Group: _____ Coach: _____ Staff Initial: _____