

Deadline: February 29, 2012

***Park Office Hours Monday-Friday 9AM-4PM**

Online Registration: www.lincolncountyparks.org

It is time to confirm your child's spot on his/her team's roster for the spring 2012 season. Please note that if payment is not received by the deadline, we will assume your child has decided **NOT** to play soccer in the spring season. Your child will be removed from the current team roster and a new player will fill that position. If you choose to play after the deadline, you will be required to register at the new player fee and will be placed in an open pool for random placement for the spring season. Not all coaches will continue to coach from the fall season. If this is the case, your child will continue to stay on that team with a different coach.

***If you are requesting for your child be placed on a different team from the Fall 2011, please fill out other form and you must pay full registration fee.**

Did your child play in Fall 2011? Y/N _____ **If NO**, please fill out other form.

Participant Last Name

First Name

Home Address

City/State/Zip

Home Phone Number

Cell Phone Number

(Optional) Phone Number

(Optional) Phone Number

School Attending

Circle Age Division Played Last Fall

Head Coaches Name

U6 Aug 1, 2005-July 31, 2007

U8 Aug 1, 2003-July 31, 2005

U10 Aug 1, 2001-July 31, 2003

U12 Aug 1, 1999-July 31, 2001

***John Sallee's U10 team will be dissolved this spring season. If you were on his team, please go ahead and turn in this form/fee. You will be placed on a different team. We will be having a special tree planting ceremony in his memory.**

I, parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of Lincoln Co. Parks & Rec, its affiliated organizations and sponsors. Recognizing the possibility of physical injury association with youth sports and in consideration for Lincoln County Parks & Rec accepting the registrant for its youth sports programs and activities, I covenant and agree to indemnify and hold harmless and do release, requite and forever discharge, Lincoln County Parks & Rec, League President, Board of Directors, Coaches, Officials and other such volunteers as are connected with Lincoln Parks & Rec in any capacity, for any and all damages, claims, and/or liability arising out of any and all injury to or caused by my child. With the knowledge and understanding foregoing, this is to certify that my child has permission to play youth sports in the Lincoln County Parks & Rec. Further, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependant. I authorize any and all emergency medical treatment deemed necessary by any physician, nurse, or paramedic. A copy of this authorization shall be as effective as the original.

Parent or Guardian Print Name

Signature

Date

Re-Registration Fee: \$30.00 per child

Mail Check to: L.C. Parks & Rec, 400 Hwy. 150 East, Stanford, KY 40484