



**Pineville Parks and Recreation**  
**1000 Johnston Dr., PO Box 249, Pineville, NC 28134**  
**Phone: 704-889-2400 Fax: 704-889-2413**  
[www.pinevillenc.gov](http://www.pinevillenc.gov)

**Registration Form**

Player's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Male \_\_\_ or Female \_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parents or Guardians: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Pre-School/School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Medical Conditions, Allergies, ETC: \_\_\_\_\_

Sport: \_\_\_\_\_ Season: \_\_\_\_\_ Request: \_\_\_\_\_

Soccer Uniform Size

Shirt (Circle One)	YXXS	YXS	YS	YM	YL	AS	AM	AL
Shorts (Circle One)		YXS	YS	YM	YL	AS	AM	AL

**Are you, your spouse, relative, or friend interested in coaching?      Yes      No**

**Consent/Waiver Agreement:**

I/We consent to our child participating in the Pineville Recreation Department Programs. In participating in Recreation Programs, sponsored by The Town of Pineville, I hereby acknowledge that I/We understand that there are risks of accidents resulting in bodily harm arising out of those activities. I/We understand that Recreation activities are planned with the safety of the participants in mind. In case of emergency, accident or illness, if I/We am not present. I/We hereby give our permission for the coach or representative of the Recreation Department to obtain any required medical attention my child may need. I/We will notify the coach of any physical limitations (allergies, hearing, sight, etc) or other additional information they need to know about my/our child. I/We further acknowledge that my child has the physical capacity reasonably necessary to engage in Recreation activity for which I have enrolled. I/We agree to be the party responsible for all medical expenses which are incurred in my behalf. It is understood and agreed that the Town, it's Mayor, Town Council, Boards, employees, volunteers and agents shall be held harmless against all claims, damages, loss or expenses including attorney's fees arising out of or resulting from participation in recreation programs. I/We agree any pictures taken may be used for future promotions for the Town of Pineville.

\_\_\_\_\_ \*\* I have read the above waiver and understand the contents\*\*

\_\_\_\_\_  
SIGNATURE (PARENT OR GUARDIAN)      Date

**OFFICE USE Only:** Credit \_\_\_ Cash \_\_\_ Check # \_\_\_\_\_ Amount Paid \_\_\_\_\_ DATE: \_\_\_\_\_