

**Peosta 2024
Soccer Registration Form**

Child Information: Please Print Clearly			
CHILD'S LAST NAME	FIRST NAME	GENDER	RETURNING PARTICIPANT
BIRTH DATE (MM/DD/YY)	AGE	Grade Your Child is going into for 2024-2025 school year.	

Family Information:			
CURRENT MAILING ADDRESS	CITY	STATE	ZIP CODE
FATHER/GUARDIAN LAST NAME	FIRST NAME	EMAIL	
CELL PHONE	HOME PHONE	WORK PHONE	
MOTHER/GUARDIAN LAST NAME	FIRST NAME	EMAIL	
CELL PHONE	HOME PHONE	WORK PHONE	

Co-ed Soccer (Grade 2024/2025) (1st game is schedule for around August 24th and runs for 8 weeks, practices will be held in Peosta and games will be on Saturday mornings in Dyersville at Westside Park Soccer fields.) **Please sign up for the grade your child will be in Fall of 2024.**

Grade - Fall 2024	Price	Select one
Kindergarten (7 v. 7)	\$50	
1st/2nd Grade (7 v. 7)	\$50	
3rd/4th Grade (9 v. 9)	\$50	
5th/6th Grade (11 v. 11)	\$50	
7th/8th Grade (11 v. 11)	\$50	
Late Penalty after July 1	\$20	
Total		



Make Checks Payable to PCC (NO REFUNDS)

T-Shirt Size Options: Youth Small (6-8), Youth Medium (10-12), Youth Large (14-16), Adult Small, Adult Medium, Adult Large

Are you interested in Coaching? YES _____ NO _____ Name on Back: _____
 Child's Size: _____ Coaches Size: _____

We will have a coaches meeting prior to the season to pick teams in the attempt to make teams as even as possible.

Waiver
<p>1. My spouse and I, and my children are covered by health insurance in such amount as will reimburse a health provider for care as a result of injury while participating in the program.</p> <p>2. I/We hereby agree to waive, release, and hold harmless the City of Peosta, Peosta Community Centre, Western Dubuque Community School District, City of Dyersville, their agents, employees, and volunteers from any and all liability arising out of my/our participating in the activity described above, including injury while playing or observing the activity, including any injury while on the premises immediately before or after the activity.</p> <p>3. I/We have investigated and are satisfied that the participant registered on this form is physically able to perform the activity, or can participate with reasonable accommodation and that the facility is suitable for the activity. I/We realize it is my/our responsibility to make travel arrangements for the child to and from the facility and to provide such supervision as I/We deem appropriate both before and after the activity.</p> <p>4. I/We acknowledge that in all activities there are certain risks of physical injuries and all participants do so at their own risk.</p> <p>5. I/We release any photographs or videos taken during event to be used by the City of Peosta Parks and Recreation department and the Peosta Community Centre for advertisements, training, or other purposes.</p> <p>6. I/We recognize that participants shall bear full responsibility for any loss or theft of personal items while participating in this program.</p>
<p>Parent Signature _____ Date _____</p>

Release Waiver
<p>I authorize the Peosta Community Centre to use the name and any video/photographs/audio taken of my participant and/or myself at anytime or in any manner in connection with its advertising, publicity and public relations programs. The PCC may only use the photographs. I will make no further claims.</p>
<p>Parent Name (Print) _____ Signature _____ Date _____</p>