

## Registration Form

Child's Name: \_\_\_\_\_ Gender: M F

Age (by Aug. 1, 2009): \_\_\_\_\_ Grade (in September) \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_  
City Zip

Parent/Guardian's Name: \_\_\_\_\_

If different from above...

Parent's Address: \_\_\_\_\_  
City Zip

Parent/Guardian's Telephone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Cellular

Parent/Guardian's E-mail \_\_\_\_\_

**Cost: \$95.00** Check or money order must be included with registration form. NO CASH.

Make payable to **Cleveland United Soccer.**

Mail Registration form to:

**Joe Pavlek**  
**330 25<sup>th</sup> Street, NW**  
**Canton, OH 44709**

Contact Information: Joe Pavlek (330) 284-7372, e-mail: [joesoccer@sbcglobal.net](mailto:joesoccer@sbcglobal.net)

**WAIVER AND PERMISSION:** I CERTIFY THAT I AM A PARENT (GUARDIAN) OF THE CHILD NAMED ABOVE. IN THAT CAPACITY, I GIVE PERMISSION FOR THE CHILD TO PARTICIPATE IN THE ABOVE NAMED PROGRAM OF THE WEST GEAUGA RECREATIONAL COUNCIL (WGRC). I ALSO SAVE AND HOLD HARMLESS THE WGRC AND ITS EMPLOYEES AND VOLUNTEERS FROM AND AGAINST ALL CLAIMS ARISING OUT OF DAMAGE TO PROPERTY OR INJURY TO PERSON(S) ASSOCIATED BY HIS OR HER NEGLIGENCE OR FAILURE TO FOLLOW INSTRUCTIONS OF THE PROGRAM PERSONNEL. I GRANT PERMISSION FOR PHOTOGRAPHS OF MY CHILD TO BE USED IN WGRC PUBLICITY.

MY CHILD IS COVERED BY OUR \_\_\_\_\_ FAMILY OR \_\_\_\_\_ SCHOOL INSURANCE (PLEASE CHECK ONE).

MEDICAL FORMS MUST BE COMPLETED AND GIVEN TO THE COACH ON THE FIRST DAY OF CAMP.

Parent/Guardian's Signature \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_