A. Parent/Guardian:

LAST Name	**FIRST Name**	**Relationship**	**Address (including zip code)**
Email Address:		**Phone Number:**	

Second Parent/Guardian:

LAST Name	**FIRST Name**	**Relationship**	**Address (including zip code)**
Email Address:		**Phone Number:**	

B. Children to be registered (must live in same household):

Last Name	***First Name***	***Birthdate mm/dd/yr***	***M/ F***	***School***	***Past Soccer Experience (y/n)***

Please include a note if you would like to make any special team requests!

C. Fees & Dues:

FOCP Membership Dues (Annual – to be paid if you did NOT pay in Spring 2017)	__ Individual membership (1 child playing), $20 __ Family membership (2 or more children playing), $25 __ Patron membership (thank you for supporting your park!), $50	***$***
Program Registration	1 child=$20; 2 children=$30; 3 children=$40; 4 children=$50	**+ *$***
Total Fees and Dues:		***$***

Families with financial need may request a Paul Brooks Soccer Scholarship for up to half of the Program Registration fee.

_____ I would like to request a scholarship	- (up to half program fee)
TOTAL Payment Due (please make check or money order payable to "Friends of Clark Park")	

If you prefer to pay in person, please bring registration form with you on Sept. 25th; do not mail without payment.

E. Medical Conditions:

List Any medical condition(s) that might affect your child(ren)'s ability to participate in soccer, and briefly describe what the effect(s) might be. *We recommend that you ask your child(ren)'s doctor whether participation in soccer is appropriate for your child and, if so, whether any special precautions should be taken for him/her.*

Child #1: Last Name: _____First Name:_____

Medical Condition(s):_____

Child #2: Last Name: _____First Name: _____ _____

Medical Condition(s):_____

Child #3: Last Name: _____First Name: _____

Medical Condition(s):_____

F. Advice, Emergency Medical Consent, and Financial Responsibility Agreement:

I am the parent/ legal guardian of the child(ren) named above. I understand that:

a) minor injuries often happen in soccer, and serious injuries are possible;
b) CPYSL does NOT have medically trained coaches/staff; and
c) CPYSL is NOT a child-care provider.

I agree that:

1) I, or one of the other adults above, **will be present** if my child needs care or medical treatment;
2) CPYSL coaches are not responsible to ensure that my child remains at Clark Park before, during, or after any session, and are not responsible to supervise or to stay with my child before or after any session;
3) I am responsible for my child's behavior and my own behavior during each session, and I will cooperate with coaches and personally supervise my child when requested;
4) I assume all risks incidental to my child's participation in CPYSL, and I release, waive and absolve CPYSL's coaches, Friends of Clark Park (FOCP), and its officers and directors, from any claims arising out of any injury or other harm to my child, except to the extent, if any, covered by CPYSL's and FOCP's available insurance; and
5) I give my permission for my child to participate in all CPYSL activities.

I understand that I am responsible to obtain medical care for my child in the event of an injury, and I agree that a parent, legal guardian or the other adult, whom I have designated, will be present at Clark Park during each session. If my child is injured and none of these is present, or none can be found, I give my consent for emergency medical care to be provided to my child and for my child to be transported to and treated at a hospital or doctor's office, in my absence, until I can be reached. I understand that I am responsible for the cost of any medical care given to my child and for any ambulance costs. I understand that I am responsible to maintain "primary" medical coverage for my child, and I agree to maintain coverage throughout the season. Any special medical needs of my child are listed above.

Parent/ Legal Guardian's Signature: _____ ***Date:*** _____ ***2017***

Please complete both sides and mail with payment before September 18th to:
CPYSL, Friends of Clark Park, P.O. Box 31908, Phila. PA 19104

By Philadelphia law, smoking is banned in all city parks and recreation centers – thank you for helping to keep our park clean, and for setting a good example for our children!