

Office Use Only

Date \_\_\_\_\_

Receipt # \_\_\_\_\_

Birthdate Verified **Y N**

Scholarship **Y N**

Initials \_\_\_\_\_

**Registration**  
**Deadline**  
Friday, August 16<sup>th</sup>  
5:00 pm

**Scout Day**  
Saturday, August 24<sup>th</sup>

## 2019 Whitesboro P.A.R.D. Youth Soccer

[www.whitesborotexas.com/pard](http://www.whitesborotexas.com/pard)

2019 Registration Fee	
Co-ed Soccer	\$35
Discounts	
2 Children in same family registered = \$5 off	
3 Children in same family registered = \$10 off	
Late Registration Fee: \$10/Child (Taken only in cases of shortages on rosters.)	



Please bring the following to PARD located at 400 Wilson Street, Whitesboro, TX 76273 or mail to PARD at PO Box 340, Whitesboro, TX 76273 (Do not send forms to school!):

- Completed Registration Form
- Fee (Cash or Checks Only – make checks payable to PARD)
- Copy of Birth Certificate (First time PARD participants.) **\*\*PARD does not keep physical copies on file.\*\***

Call PARD at 903-564-5964 to ask about Scholarships and Payment Plans if needed. No scholarships will be given after the deadline. No exceptions! All late registrations will require the full fee plus a \$10 late fee.

**League Age Division:**

U6 (4 & 5 year olds)

U8 (6 & 7 year olds)

U10 (8 & 9 year olds)

**PLAYER INFORMATION**  
*(Must match Birth Certificate)*

**League age determined by age on or before August 31, 2019:**

**Jersey Size (Tend to run small):**

Youth Sm (6-8)       Adult Sm

Youth Med (10-12)       Adult Med

Youth Lg (14-16)       Adult Lg

Adult XL

Player's LastName \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ M/F \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Mother/Guardian Phone \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Father/Guardian Phone \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Father's Occupation \_\_\_\_\_

Medical Problems of Player \_\_\_\_\_

Doctor to Notify in Emergency \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact (Not Parents) \_\_\_\_\_ Phone \_\_\_\_\_

**Liability Waiver and Consent for Medical Treatment**

I, hereby give my approval for the above-named to participate in the PARD Youth Sports Program. I assume all risk and do hereby waive, release and agree not to hold the City of Whitesboro, the PARD, the organizers, sponsors, supervisors, participants, and persons transporting my child responsible for any injury that may be incurred while participating in the program. As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent. I do hereby fully and freely consent to the use of the participant's photo for promotional purposes on both printed materials and websites. I do hereby release and hold harmless the City of Whitesboro from a liability arising out of said participant's photo in a publication, advertisement, and/or promotion.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Siblings Playing in Same League (Name and Grade):

\_\_\_\_\_

**Interested in being a Head Coach?**

YES                      NO

**Interested in being a Referee?**

YES                      NO

Name \_\_\_\_\_

Phone \_\_\_\_\_