

2025 SOCCER REGISTRATION FORM



REGISTRATION: July 18-August 17, 2025 OR UNTIL TEAMS FILL UP.
For more information call: (803) 924-8328 or E: mail: recreation@newberrycounty.gov

REGISTRATION FEE = \$50.00 (Make checks payable to Newberry County Family YMCA. Jersey and socks will be provided. Participant **MUST** provide their own black shorts and shin guards as well as cleats for ages 7 and up.)

Siblings will be placed on the same team if they fall within the same age group unless notified otherwise. No other requests for a specific team/coach should be made.

PARTICIPANT INFORMATION

Did you play last year: ☐ YES ☐ NO Team/Age: _____

CIRCLE AGE GROUP FOR 2025 SEASON: 3 to 4 5 to 6 7 to 8 9 to 10 11 to 12 13 to 15

****These age groups are subject to change based on registrations submitted.**

Player's Full Name: _____

First Name

Middle Name

Last Name

Gender: M F Age: ____ DOB: ____/____/____ School Attending: _____
(On or before 9-1-25) MM DD YY

Will you be playing a school sport this fall? ☐ Yes ☐ No If Yes, what sport? _____

Address: _____ City: _____ Zip: _____

CIRCLE PLAYER SHIRT SIZE: YOUTH SIZES: YXS YS YM YL

ADULT SIZES: AS AM AL AXL

****Once uniforms are ordered there will be NO refunds.***

EVALUATION: A player evaluation will be conducted EACH year for players NEW to the 9-10, 11-12, and 13-15 age divisions. The number of teams or changes to an age division may determine if all players (new & returning) will go through the evaluation.

PARENT/EMERGENCY CONTACT INFORMATION

Check primary contact(s). This will be the first point of contact for staff and coaches.

☐ Mother's Name: _____ Phone #: _____

☐ Father's Name: _____ Phone #: _____

☐ Legal Guardian: _____ Phone #: _____

Best E-mail: _____

Emergency Contact Person (not listed above): _____

Relationship: _____ Phone #: _____

VOLUNTEERS/SPONSORS

Please **Circle**: I would like to VOLUNTEER as a: COACH ASSISTANT COACH

Name: _____ Phone #: _____ Age/Team: _____

☐ I would like to sponsor a team (\$200/team) – *sponsors will be invoiced prior to the start of games.*

Sponsor Name: _____ Phone #: _____ Age Group: _____

READ BACK OR SECOND PAGE AND SIGN

For Office Use Only: Date Registered: ____/____/____ Amount paid: \$_____ Registered by: _____

READ CAREFULLY BEFORE SIGNING: PARENTS ASSUMPTION OF RISK & WAIVER OF LIABILITY

The County of Newberry Recreation Department ("COUNTY"), the Town of Prosperity ("TOWN"), the Newberry County Family YMCA ("YMCA"), and Newberry College ("COLLEGE") who are referred to collectively herein as ("PARTIES").

In signing up and participating in County programs, I expressly assume the risk and legal liability and waive and release all claims for injuries, damages or loss which my child(ren) or myself might sustain as a result of participating in any and all activities, including transportation services, where provided.

I acknowledge that there are certain risks of physical injury to participants in these programs and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I/my child(ren) may sustain as a result of participation. I further agree to waive and relinquish all claims I/my child(ren) may have as a result of participating in these programs against the Parties, their officials, agents, volunteers, sponsors, and employees.

If my child is injured, becomes ill, or needs medical attention for any reason, I authorize program staff to assist my child and to call for medical assistance. My child will be transported to the nearest medical facility as determined by emergency personnel. I understand I am responsible for all costs incurred in any such medical emergency.

I understand photographs of my/my child's participation in this program may be used by the Parties to promote the Parties' events and/or facilities, without compensation and without additional approval.

The Parties have created new protocols and put in place preventative measures to reduce the spread of covid-19; however, the Parties cannot guarantee that you or your child(ren) will not become infected with covid-19. Further, attending any program may increase your child(ren)s risk of contracting covid-19.

By signing this agreement, I acknowledge the contagious nature of covid-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by covid-19 by attending the Parties programs, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by covid-19 at the Parties programs may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the Parties.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)s attendance at the Parties programs. On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold the Parties, their employees, agents, and representatives, of and from the claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the Parties, their employees, agents, and representatives, whether a covid-19 infection occurs before, during, or after participation in any of the Parties programs.

I HAVE READ AND FULLY UNDERSTAND THIS WAIVER AND RELEASE.

Print Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian (Parent or Legal Guardian MUST sign for participants under age 18) Date

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