



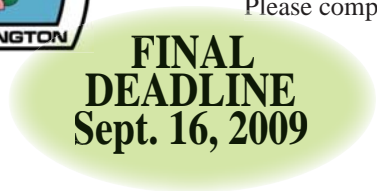
City of University Place

INDOOR SOCCER / FLAG FOOTBALL REGISTRATION FORM

Please complete this form and submit with appropriate registration fee to:

City of University Place
ATTN: Recreation Services
3715 Bridgeport Way W.
University Place, WA 98466

Fax: 253 460-5416 / Info. 253 460-2530



Player's Name: _____ Birth Date: ___/___/___

Age: _____ Grade: _____ Sex: M F

School Attending: _____

Parents Name: _____

Address: _____

City/State: _____ Zip: _____

Hm. Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Preferred Coach/Friend: _____

INDOOR SOCCER

FEES & DEADLINES

FLAG FOOTBALL

Please check preferred division:

- Pre-K (4-5 yr) ID# 4879
- Kindergarten (5-6 yr) ID# 4881
- 1st/2nd Grade ID# 4882
- 3rd/4th Grade ID# 4883

"Early Bird"
On/Before 9/9
\$55 Resident
\$60 Non-Res.

"Final"
On/Before 9/16
\$65 Resident
\$70 Non-Res

Please check preferred division:

- 1st/2nd Grade ID# 4884
- 3rd/4th Grade ID# 4885
- 5th/6th Grade ID# 4886

Youth T-Shirt Sizes: _____ YS (size 6-8) _____ YM (size 10-12) _____ YL (size 14-16)

Adult T-Shirt Sizes: _____ AS _____ AM _____ AL _____ AXL _____ AXXL

(Please order correct size as shirts will not be exchanged)

Parent/Guardian Permission/Medical Consent

Parents/Guardians of all participants are requested to sign the following release. I/We assume all risks and hazards Incidental to such participation including transportation to and from the activities and do hereby waive, release, absolve, indemnify and agree to hold harmless City of University Place Parks Division, City of University Place, University Place School District, supervisors, officials, coaches, volunteers and persons transporting myself or my/our child for any claim arising from injury to myself or my/our child. Furthermore, in case of an emergency, and my child should require medical attention, I give permission for a City UP coach, or the coaches designee, to secure the emergency medical attention required. Any direction to the contrary should be noted and signed. I agree that pictures taken during program hours may be used for future promotional purposes.

Parent Signature: _____ Date: _____

CHECK _____ (payable to "City of University Place")	VISA _____ MC _____	STAFF USE ONLY	
CARD # _____ / _____ / _____ / _____	EXPIRATION DATE: _____ / _____	Amt. Paid:	Cash / Ck / CC
SIGNATURE: _____	AMOUNT \$ _____	Date:	Received By: