



# **Napoleon Youth Soccer 2019**



**OPERATED BY THE NAPOLEON SOCCER CLUB**

**Participant's Name:**

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**Parent's Name(s):**

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**Address:**

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**Phone Number:**

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**Email:**

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**Grade:**

Check One:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>

**Shirt Size**

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**Last Year's Team (if any)**

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**Program Fee: \$20.00 per participant**

**Checks payable to: The Napoleon Soccer Club**

**\*\*First game scheduled for Saturday, September 21<sup>st</sup>\*\***

### **GENERAL RELEASE**

I hereby grant my child permission to participate in the Fall Soccer recreation program and agree to release and hold harmless the Napoleon Soccer Club and the City of Napoleon Parks and Recreation Department, its officials, officers, employees, boards, and agents, including but not limited to all supervisors, coaches and assistants from any and all liability for damages resulting from injury to said child while engaged in the program. I also agree to release and hold harmless all public facility owners and their officials, officers, employees, and agents while engaged in this program.

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Phone Number

\_\_\_\_\_ **YES**, I would be a volunteer coach for this program. Please contact me with information.

\_\_\_\_\_ I would be willing to assist the coach of my son/daughter's team.

Return to: Napoleon City Building or mail to Napoleon Soccer Club, P.O. Box 646, Napoleon, OH 43545. **Entry Deadline – Fri., Sept. 9, 2019.** Any questions contact napsoccerclub@gmail.com or call the City Building at 592-4010. (No phone in registration)