



Rockford Recreation Association

P.O. Box 16 - Rockford, OH 45882

www.RockfordRec.com

2024 FALL SOCCER

Please complete this form to register your child for the Rockford Recreation Association fall soccer program. **Registration fee is \$40.00 and due at the time of registration. Checks payable to Rockford Recreation Association.**

Each player will receive a t-shirt as part of their registration fee.

****NEW THIS YEAR****

Age as of August 1, 2024

(Circle Age) 4 5 6 7 8 9 10 11 12

**There will be 3 divisions if numbers allow*

PLAYER'S NAME _____ MALE / FEMALE (Circle One)

EMAIL ADDRESS (if checked regularly): _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

T-SHIRT SIZE: YOUTH: S M L ADULT: S M L XL XXL

PARENT INFORMATION

	Name	Telephone	Check to receive coaches text
Mother			
<i>Step-Father</i>			
Father			
<i>Step-Mother</i>			
Other Emergency Contact			

Yes, I can help coach, NAME _____ Ph. # _____

I, the parent/guardian of the above named athlete, give my permission for his/her participation in any and all program activities. I 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 the local organizers, sponsors, participants, coaches, and persons transporting my child to or from and/or claims arising out of injury to my child whether the result of negligence or for any other cause.

Signature of Parent or Guardian

Date

DEADLINE FOR SIGN UP IS AUGUST 2, 2024

Late registrants may NOT receive a t-shirt.

Registration/medical form and fees can be mailed to:
 Rockford Recreation - P.O. Box 16 - Rockford, OH 45882
 Or dropped off at the Rockford Village Office – including the night drop box located at the SE corner.
If dropping off at Village Office, clearly indicate "ROCKFORD REC" on the outside of your envelope.
 Printed forms available at The Rockford Carnegie Library



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What to expect...

- Games to be held at Shanes Park on Sunday afternoons and will run approximately 45 minutes.
- The season will start September 8th and run through October
- Games will be played between the hours of 2pm-6pm
- Games will NOT conflict with Rockford Recreational Flag Football.
- Practices will be based on your coach's predetermined schedule. Remember they are volunteering their time.
- **Soccer shin guards and socks are required**, soccer cleats preferred but not mandatory; NO metal cleats.

Questions? Contact Shelley Muhlenkamp (419) 733-6943 or at The Rockford Library.

EMERGENCY MEDICAL CONSENT FORM

Child's Name		Male / Female
Date of Birth		
Chronic Illnesses or Conditions		
Allergies		
Current Medications		
Date of last Tetanus Shot		
Other Medical Information		

Medical Providers

	Name	Telephone
Physician		
Dentist		
Medical Specialist		
Hospital		
Other		

Medical Insurance Information (optional)

Medical Insurance Provider	Member #	Group #	Telephone

In the event your child needs emergency medical care and you are not available to provide formal consent to medical authorities, care may become unnecessarily delayed. In the event of a medical emergency, this form should be provided to responding medical personnel and accompany your child to the hospital/clinic so that medical treatment can be rendered.

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent to (1) the administration of any treatment deemed necessary by the above name doctor(s), or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of my child to any hospital reasonably accessible. This authorization does not cover any major surgery unless the medical opinions of two other licensed physicians or dentists, concurring for such surgery, are obtained prior to the performance of such surgery.

Parent / Guardian Signature

Date