

Titan Youth Soccer 2018
PLEASE FILL OUT AND RETURN BY:
WEDNESDAY, FEBRUARY 28TH, 2018

Please complete form, and return along with Registration Fee to Offices at the:
Elementary School, Middle School, High School, or Mail to Curt Batta @ 846 Court St, Rockwell City IA, 50579.

If you have any questions, please contact: Curt Batta -712-830-8564 - PLEASE DO NOT CONTACT THE SCHOOLS
IF YOU HAVE MORE THAN ONE CHILD PARTICIPATING PLEASE FILL OUT ONE FORM FOR EACH CHILD
COMPLETELY.

(Forms follow child with coaches for emergency contact information.)

Name: _____

Parent/Guardian: _____

Age: _____ Grade: (circle one) K 1 2 3 4 5 6 7 8 -- (NO Pre K)

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Registration Fee as Listed (X One Which Applies)

Registration Fee For Participant (\$10.00) - (No T-Shirt) ----- \$10.00: _____

Registration Fee For Participant (\$10.00) - (WITH T-Shirt) (\$12.00) ----- \$22.00: _____

NO SHIRT WILL BE ORDERED OR PROVIDED WITHOUT T-SHIRT MONEY

Youth S (\$12.00) _____ Youth M (\$12.00) _____ Youth L (\$12.00) _____ Adult S (\$12.00) _____
Adult M (\$12.00) _____ Adult L (\$12.00) _____ Adult XL (\$12.00) _____ Adult XXL (\$12.00) _____

Parent/Adult interested in coaching? YES _____ NO _____

Shirt Size For Volunteer Coach: S _____ M _____ L _____ XL _____ XXL _____

Parent/Adult interested in Soccer Committee? YES _____ NO _____

***If there are no coaching volunteers for an individual grade, no team will be formed for the grade and registration fee will be returned.

****GAMES START IN APRIL AND WILL RUN EACH SATURDAY ENDING IN MAY****

"I have insurance for my child so that he/she may participate in this activity." (circle one) Yes No

Doctor _____ Phone _____

Alternate Contact Person in Case of Emergency:

Phone _____

"I give the coach my permission to seek medical attention as the coach deems necessary in the case of an emergency. I release Titan Rec Soccer, including it's volunteer coaches, volunteer referees, and property owner of grounds used for soccer practices and games, of all liability related to this child participating in this program."

Parent/Guardian Signature: _____ Date _____