

PERMISSION TO PARTICIPATE

The following is a list of possible hazards your child may experience if enrolled in the Charlevoix 4-H Soccer program. Please read and understand that these accidents can and do happen occasionally:

Broken bone (arm or leg)

Bloody nose

Pulled muscle

Black eye

Bruise-usually small

Cut

Permission is hereby granted for medical treatment to be administered to

_____ in the event of an emergency and I assume responsibility for the expense incurred for medical attention throughout the duration of the program. In consideration of your accepting my child's entry, I hereby, for my child, waive and release any and all rights and claims for damages my child may have against the County of Charlevoix, the Charlevoix 4-H Soccer, and all representatives of the above, for any and all injuries suffered by my child at any activity sponsored by these groups.

List all allergies, medications, bee stings etc.._____

Is your child on any daily Medications?

Date of last tetanus:_____

Parent/Guardian Signature

Date



MICHIGAN STATE
UNIVERSITY
EXTENSION
18 USC 707

MEDIA RELEASE

Participants are sometimes photographed and Videotaped for use in MSU promotional and educational materials. I authorize Michigan State University to record the image and voice of the subject named below and give MSU and all persons or entities acting pursuant to MSU's permission or authority, all rights to use of these recorded images and voice. I understand that said images and/or voice will be used for educational, advertising and promotional purposes in all conventional and electronic media, including but not limited to the Internet, and any future media. I also authorize the use of any printed material in connection therewith. I understand and agree that these images and recordings may be duplicated, distributed with or without future or further compensation or liability, in perpetuity.

Child's Name

Parent/Guardian Signature

Date



MSU is an affirmative-action opportunity employer. Michigan State University Extension programs and materials are open to all with out regard to race, color, national origin, gender, gender identity, religion, age, height, weight, disability, political beliefs, sexual orientation, marital status, family status or veteran status.

CHARLEVOIX 4-H SOCCER

REGISTRATION
P.O. Box 656
Charlevoix, MI 49720
charlevoix4hsoccer.co



REGISTRATION DATES

Thursday, May 20, 2010

Tuesday, May 25, 2010

6:30-7:30 pm

Charlevoix Elementary Gym

Fee \$20 + \$10 Participation Fee*
= \$30 Total

All Registrations received after
June 1, 2010 are subject to an
additional fee of \$20 for a total of \$50

Make Checks Payable to
Charlevoix 4-H Soccer

Add an additional \$40 if unable to Volunteer

*A Participation Fee of \$10 per child or \$30 per family of 3 or more children. This fee is paid only once per calendar year and entitles your child access to all 4-H programs. Please let us know if you have previously paid the Participation fee in 2010.

WE ENCOUAGE YOU TO BRING YOUR
USED SOCCER SHOES & SHIN GUARDS
FOR SWAPPING!

Please keep this Panel for your Information!

Welcome to Charlevoix 4-H Soccer

Charlevoix4hsoccer.com

BOARD MEMBERS:



Ron Way - President
231-547-6592
ron@charlevoix4hsoccer.com

Kyle Smith - Vice President/Secretary
Games Schedules & Referees
231-547-3557
kyle@charlevoix4hsoccer.com

Amy Dixon - Team Coordinator
231-675-8690
amy@charlevoix4hsoccer.com

Jill Way - Travel Soccer
231-547-6592

Sean Davis - Equipment
231-237-9093
sean@charlevoix4hsoccer.com

Brian Carson - Field Maintenance
bdcrn@yahoo.com

Al & Janine Gregory - Concessions
231-547-6953
alan@charlevoix4hsoccer.com

Marlene Golovich - Treasurer
231-547-9452
marlene@charlevoix4hsoccer.com



**Season Starts
August 24, 2010**

2010 CHARLEVOIX 4-H SOCCER REGISTRATION FORM

Player Name _____ oMale oFemale
Birthdate _____ (Must be 5 by 01/01/2011) Age _____ (As of August 1, 2010)
Name of School _____ Grade in Fall 2010 _____
Parent's Names _____ Home Phone _____
Address _____ Cell Phone _____
City _____ State _____ Zip _____
Email _____

Under 6 Under 8 Under 10 Under 12 Under 14

Volunteer Position—Circle One

Referee Field Maintenance Concession Stand Team Sponsorship
Coaching U6 U8 U10 U12 U14 Players name on team coaching _____ Age _____ oMale oFemale

The Charlevoix 4-H Soccer program is supported totally by volunteers. Each of us must take an active role to support the many responsibilities necessary for success. Please take this time to consider what contribution you can make to ensure continued success in our region. Our soccer league is conducted under the assumption that adequate adult volunteers will be available, or some children will lose out. I understand that if I am unable to fulfill my volunteer obligation I will be responsible for getting another parent to take my place or Charlevoix 4-H Soccer will bill me for the \$40.00 non volunteer fee.

Parent Signature

Date

Are you from a Military Family? Yes No If Yes, specify Branch _____

Military Family: A family which has an immediate family member (parent/guardian; step-parent; or sibling) regardless of branch is a military family. This includes MI National Guard; Reserves; Air Force; Navy; Marines; Army; Coast Guard, etc.

Residence

- Farm Rural area/town of less than 10,000
 Town/city of 10,000 to 50,000 Suburb of a city over 50,000
 City or over 50,000

Disabled Yes No Disability: _____ (optional)

The following information is used to gather statistics and to determine compliance with civil rights laws.

Are you of Hispanic Ethnicity? Yes No

Racial Groups (✓ all that apply)

- Native Hawaiian or Other Pacific Islander (only) American Indian or Alaskan Native (only)
 White & American Indian or Alaskan Native Black & American Indian or Alaskan Native
 Asian (only) White (only) African American/Black (only)
 White & Asian White & Black Other combinations

For Office Use

Amount Paid _____ Cash _____ Check Number _____

OVER →