



# Under 6

(4 and 5 Year old Children)

Must be at least 4 by August 1, 2011



## SPRING 2012 YOUTH SOCCER REGISTRATION

CITY OF JACKSON & JACKSON AREA WIDE SOCCER  
3 WESTWOOD GARDENS DRIVE, JACKSON, TN.38301

You can register on line: [www.cityofjackson.net](http://www.cityofjackson.net)

If you mail your registration fee and form in, be sure we receive it by 12:00 noon on January 17. To insure that we receive your form and fee by noon on January 17, mail it no later than January 12. If we do not receive your fee & form by noon January 17, it will be considered a late registration.

Make checks payable to COJ (City of Jackson) **YOUR CHECK WILL BE YOUR RECEIPT**

**JACKSON CITY RESIDENTS-\$29.00-** (TSSA FEE-\$9.00, JAWS FEE-\$12.00, COJ \$8.00)

If your child played in JAWS/JRPD Fall 2011 Rec. League you will only pay \$12.00.

**NON-JACKSON CITY RESIDENTS-\$41.00-** (TSSA FEE-\$9.00, JAWS FEE-\$12.00, COJ \$20.00).

If your child played in JAWS/JRPD Fall 2011 Rec. League you will only pay \$24.00

REGISTRATION DATES: Mon.-Fri., , 9:00 a.m.-5:00 p.m. Dec. 1, 2011– Noon, Jan. 17, 2012,

**AFTER NOON ON JANUARY 17, PLAYERS WILL BE PLACED ON A WAITING LIST & CHARGED A \$10.00 LATE FEE.**

**All kids advance according to age on August 1, 2011.**

**You cannot play down, but you can play up with past coach recommendation.**

**PLAYER INFORMATION:**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

\* HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

\*Check here if New

HOME PHONE \_\_\_\_\_ Sex \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ HOW OLD WAS YOUR CHILD ON AUGUST 1, 2011 \_\_\_\_\_

(MUST BE AT LEAST 4 YEARS OLD BY JULY 31, 2011)

Their age on August 1,'11 determines the age division they will play in this season. They can't play down in age, but they can play up if their previous coach request that they move to an older age division, because they were one of the best players in their age group.

SCHOOL ATTENDING \_\_\_\_\_

\*WE NEED A COPY OF YOUR BIRTH CERTIFICATE

**\* NOTE: Attach copy of birth certificate for our files if not previously supplied**

E-MAIL \_\_\_\_\_ FAX # \_\_\_\_\_

**PARENT INFORMATION:**

Home phone for either parent if different from child \_\_\_\_\_ Mother / Father (Circle One)

**FATHER:**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**MOTHER:**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

(OVER)

**PLAYER INFORMATION:**

Did Your Child Play Soccer in the JAWS/JRPD Fall 2011 League? NO \_\_\_\_\_ What was your  
YES \_\_\_\_\_ coaches name \_\_\_\_\_

Has your child played soccer for JAWS/JRPD before? YES \_\_\_\_\_ NO \_\_\_\_\_

Number of years played soccer \_\_\_\_\_ soccer camps attended \_\_\_\_\_

**You can purchase the required red and royal reversible team shirt at Great American Sports or www.duggerpromo.com . The shirt will have the JAWS/COJ logo on the front chest. The city will not be purchasing shirts or socks for players.**

**MEDICAL INFORMATION AND CONSENT**

Emergency Contact other than Parent: Name \_\_\_\_\_ Phone \_\_\_\_\_

Relation \_\_\_\_\_ Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Notes \_\_\_\_\_

I UNDERSTAND THAT MY CHILD IS ENROLLED IN A RECREATIONAL SOCCER PROGRAM. We agree to show respect to coaches, referees and other league volunteers. I understand the return policy. Before sign-up deadline you will be charged a \$3.00 service charge. If your request is made before participant is placed on a team you will receive a 40% refund, if requested before the scheduled date of the 1<sup>st</sup> game you will receive a 20% refund. There will be no refunds of fees on or after the date of the 1<sup>st</sup> scheduled games. Refund could take up to 4 weeks.

I hereby give my permission for the above to attend and participate in and with teams and all related team activities, including travel to and from, sponsored by Jackson Recreation and Parks Dept. & Jackson Area Wide Soccer, an affiliate of TSSA and USSF. I give my consent for medical care for the above player under any condition deemed necessary by a licensed doctor or hospital or medical technician for the well - being of the player, including travel to such licensed facility, and agree to be responsible financially for the reasonable cost of such assistance and / or treatment. I understand that the insurance coverage included as a part of my registration fee is supplemental to my own coverage.

I agree to abide with and be bound by the constitution, rules, bylaws and guidelines of the Association and its affiliates as a condition for the privilege of participation by the player in this program, and agree to waive any legal claim against those associated with these activities in the event the player is injured while participating in the program. I further understand the city of Jackson reserves the right to photograph facilities, activities, and program participants for potential future use. All Photos will remain property of the City of Jackson and may be used for publicity or promotional purposes only.

**To request a player you must register on time. After 12 noon on January 17th, 2012 there will be no player request. You can not request a coach**

**There will be a \$25 charge to change to another group and we do not guarantee that you will be moved to the group you want.**

**Is your home address in Jackson City limits? Yes \_\_\_\_\_ No \_\_\_\_\_**

I realize it is the parent's/guardian's responsibility to keep up with and game sessions. Parents will go on line [www.jacksonareawide soccer.com](http://www.jacksonareawide soccer.com) to find out which group their child will be play on. The groups will be posted on line by February 14th. Games will start March 10th. For a copy of the game schedule go to: [www.jacksonareawidesoccer.com](http://www.jacksonareawidesoccer.com) or [www.cityofjackson.net](http://www.cityofjackson.net) after March 2nd.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

.....  
Date \_\_\_\_\_ Rec. \_\_\_\_\_ Check \_\_\_\_\_  
Rec'd \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ Amount \_\_\_\_\_ Cash \_\_\_\_\_