

2021 SUMMER SOCCER REGISTRATION FORM

Fill out this form completely and make sure a parent/guardian signature is provided.

To turn in your registration form and fee, please review the **IMPORTANT DATES** section on this form. Registration forms and fees can no longer be turned in at Incredible Bank.

Questions about registration, fees and the 2021 youth summer soccer season can be sent to merrillsoccer@gmail.com.

REGISTRANT NAME: _____ GENDER (check one): MALE ___ FEMALE ___
AGE (as of 9/7/2021): _____ GRADE (as of 9/7/2021): _____ YEARS PLAYING EXPERIENCE: _____
SHIRT SIZE (check one): YXS ___ YS ___ YM ___ YL ___ YXL ___ S ___ M ___ L ___ XL ___ 2XL ___ 3XL ___
PARENT(S)/GUARDIAN(S): _____
EMAIL(S): _____ PHONE: _____

DIVISION INFORMATION

4K	\$25	Monday evenings
K	\$25	Tuesday evenings
1st + 2nd	\$30	Tuesday/Thursday evenings
3rd + 4th	\$35	Monday/Wednesday evenings
5th + 6th	\$35	Tuesday/Thursday evenings
7th - 8th*	\$35	Monday/Wednesday evenings
9th - 12th*	\$35	TBD based on registration numbers.

*If registration numbers allow, divisions will be separated by gender.

Teams, schedules, etc. will be posted on our website (www.merrillsoccer.com) no later than June 6th.

IMPORTANT DATES

Summer soccer registration opens April 17th and closes on May 15th. **Registration forms and fees turned in after May 15th will not be guaranteed a 2021 summer soccer t-shirt.**

Options for turning in 2021 summer soccer registration forms and fees include:

1. Children's Festival from 10am-2pm on April 17th.
2. Les & Jim's from 5-7pm on May 3rd and 5th.

Registration forms and fees can also be mailed to **Merrill Soccer Association, Attn: Summer Soccer Registration, P.O. Box 713, Merrill, WI 54452.**

Please Note: Registration forms and fees can no longer be turned in at Incredible Bank.

VOLUNTEER OPPORTUNITIES

Merrill Soccer Association is **ALWAYS** looking for volunteers. Please check the option(s) below to indicate your willingness to volunteer/help in any of the following areas:

Board Member ___ Coach ___ Concessions ___

INJURY/MEDICAL RELEASE & CONCUSSION STATEMENT

I, the undersigned, provide permission for the named registrant to participate in the 2020 youth summer soccer season organized by the Merrill Soccer Association. We acknowledge soccer is a game that comes with inherent risk of injury. We accept the liability of this risk and waive any claims we may have now or in the future against the Merrill Soccer Association, it's board members and volunteers, the Merrill Parks & Recreation Department, and/or the city of Merrill arising from participation in the 2020 youth summer soccer season.

I hereby present the information above is both true and accurate and that the named registrant is in good health and has my permission to participate in the 2020 youth summer soccer season organized by the Merrill Soccer Association. I hereby WAIVE and RELEASE the Merrill Soccer Association, it's board members and volunteers, the Merrill Parks & Recreation Department, and/or the city of Merrill from any liability claims for injury and or other damage.

Whether you are a parent or an athlete, it is important to recognize the signs, symptoms, and behaviors associated with a concussion or head injury. By signing this form, you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors associated with a concussion or head injury. Use the following link to review information presented by the WIAA regarding concussions and head injuries: <https://www.wiaawi.org/Health/Concussions.aspx>

Concussion Acknowledgement:

I have reviewed the information regarding concussions and head injuries provided by the WIAA (<https://www.wiaawi.org/Health/Concussions.aspx>) and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors associated with a concussion or head injury. I agree the named registrant must be removed from play if a concussion or head injury is suspected. I understand it is my responsibility to seek medical treatment if a suspected concussion or head injury is reported to me. I understand the named registrant cannot return to play until providing written clearance from an appropriate health care provider to the Merrill Soccer Association's board President. I understand the possible consequences of the named registrant returning to play too soon.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

INTERNAL USE ONLY: Cash: _____ Check: _____ / # _____ Amount: _____

This is not a Merrill Area Public Schools sponsored activity and the opinions expressed are not necessarily those of the school district or its personnel.