



Village of Blissfield – Parks and Recreation Department
U4, U6, U8, U10, U12 & U15
Spring 2024 Soccer Youth Registration Form

Registration Deadline: March 1st, 2024

NO EXCEPTIONS!

U4 & U6 Fee: \$50

U8, U10, U12 & U15 Fee: \$65

Make checks payable to the "Village of Blissfield"

CHILD'S D.O.B:

CHILD'S AGE:

PLEASE PRINT CLEARLY

Male Female

 Player's Name

 Date of Birth

Mother's Name (or legal guardian) _____

Father's Name (or legal guardian) _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

I am interested in coaching my child's team Yes No
 (Head Coach Shirt Size: _____)

Coaches are required to have concussion training at least every 3 years. Please ask staff how to obtain this free of charge.

SHIRT SIZE (circle one)

Youth: Small Medium Large

Adult: Small Medium Large X-Large

PLEASE CIRCLE the division for your child's age group:

U4 (birth year: 2020-2021) U6 (birth year: 2018-2019)

U8 (birth year: 2016-2017) U10 (birth year: 2014-2015)

U12 (birth year: 2012-2013) U15 (birth year: 2009-2011)

Season will begin in early April * Season will end mid-May * Games on Saturday mornings

Mail in Registration: Please fill out form completely and return with appropriate fees to:

Blissfield Parks & Recreation Dept.

PO Box 129

130 S. Lane Street

Blissfield, MI 49228

For more information, contact:

Emilio Rosas – (517) 403-0845

Blissfield Village Office – (517) 486-4347

****PLEASE COMPLETE THE BACK OF THIS FORM****

WAIVER AND RELEASE OF LIABILITY- READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the Village of Blissfield's sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce risk, the risk of serious injury does exist; and,
2. I accept all responsibility to inform the coach or instructor of any pertinent medical information required as part of this activity.
3. I/My child have received and reviewed the State of Michigan, Department of Health & Human Services as required by State Law.
4. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and
5. I will willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
6. I, for myself, my child, and on behalf of our heirs, assigns, personal representatives and next of kin, hereby release and hold harmless, and agree to defend and indemnify the Village of Blissfield, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (Releasees), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the Releasees, any other entity or individual, or otherwise, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent Signature

Printed Name

Date