

*JONES COUNTY SOCCER*

The registration fee is \$100 per child age 4-16 years old. Make checks payable to Jones County Soccer. Mailing address PO Box 2320, Gray, GA 31032. THE REGISTRATION DEADLINE IS AUGUST 16, 2019.

Player's Name: \_\_\_\_\_

(Circle) Male / Female      Age: \_\_\_\_\_      Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

Person to call or get information from: \_\_\_\_\_

Phone number of above person: \_\_\_\_\_

\*A sample of all the sizes will be available at Dr. Todd Kelleher's Office to help you order the correct size needed. You are responsible for ordering your child's correct size. **NO EXCHANGES OR REFUNDS GIVEN AFTER AUGUST 16.**

Please circle **only one** size for shirt, shorts and socks.      Y = Youth      A = Adult

**SHIRT**              YS      YM      YL      AS      AM      AL      AXL      A2XL

**SHORTS**              YXS      YS      YM      YL      AS      AM      AL      AXL      A2XL

**SOCKS**      SMALL = 1-4      MEDIUM = 5-8      LARGE = 9-13

**PLEASE WRITE DOWN THE NAME AND PHONE NUMBER OF ANYONE INTERESTED IN VOLUNTEERING TO HELP WITH THIS PROGRAM. NO PRIOR SOCCER EXPERIENCE IS NEEDED. WE ALWAYS ARE IN NEED OF HELPERS OF ANY KIND IN ORDER TO CONTINUE THIS PROGRAM AND TO KEEP IT GROWING. WE WILL CONTACT YOU BEFORE SEPTEMBER 4, 2019.**

**NAME & PHONE NO#:** \_\_\_\_\_

**SIZE OF T-SHIRT:** \_\_\_\_\_ **FOR THE ABOVE PERSON**

I HEREBY RELEASE Jones County Soccer and Dr. and Mrs. Todd Kelleher from any and all claims and liability of any kind of personal injury and/or property damage due to participation in organized soccer activities. I certify that my child is in good health and is able to participate in all activities. If any attention is required for illness or injury, you and/or your insurance will be held responsible for payment for such care. I have read and understand the above.

Signed (Parent/Guardian): \_\_\_\_\_

Date: \_\_\_\_\_