



FAO

HOW TO COMPLETE THE FORM: Please complete one form per child. If you have any special needs or requests, please make note of them, but also know that nothing is guaranteed. **Return completed form to JReynolds@ci.woodlake.ca.us**

WHAT'S THE COST: \$50 each if signed up before December 1st | \$65 each until registration closes Dec 8th

WHAT IS PROVIDED: Each registered child will be provided with a jersey & shorts. Players will need athletic shoes.

WHEN ARE GAMES: The season starts in January (once school is back in session) & will wrap up before Spring Break (March)

WHAT ARE THE AGE DIVISIONS: 6 and Under (6U), 8U, 10U, 13U—approximately. (based on registrations & may change) The youngest division will be coed. All other divisions will be split boys/girls. 13U Divisions, players are drafted by coach.

WHEN WILL I BE CONTACTED NEXT: Once registration is closed, teams will be formed & coaches will be assigned. You will hear from your team's coach regarding a practice schedule & game schedule information in early January.

PLAYER'S NAME:	AGE AS-OF JAN 1st 2024:						
CITY: Woodlake Elderwood Lemon Cove *Circle your resident city name, or if other, list your City h	Three Rivers	Badger	Ivanhoe	Seville	Exeter	Visalia	
DOB: GENDER:	CURRENT GRADE IN SCHOOL:						
PLAYER'S UNIFORM SIZE:	Youth Sma	<u> </u>] Youth Me] Adult Me		Youth La	•	
EMERGENCY CONTACT :		PHONE #:					
Any physical conditions the coach should be aware	of:						
PARENT/GUARDIAN 1:		CELL	#:			to team group to	
PARENT/GUARDIAN 1:		CELL	#:				
EMAIL ADDRESS:			l op	t-in for en	nail updates:		
geographical area are placed together on the same team when from the same geographical area, please email JReynolds@ci.w • Same team as this (these) other player(s): • Requesting this Coach:	voodlake.ca.us for c	details.	,				
Other Request/Notes:							
TEAM SUPPORT The City of Woodlake Parks & Rec programs rely on volunteer ovolunteerism/support you are able to commit to in order to ma			ss of our prog	rams. Pleas	e select what lev	rel of	
Head Coach (Main point-person for team commu	nication between C	ity & Parents,	sets practice o	lates & locat	ions, facilitates ខ្	game play)	
Support Coach (Assist head-coach as-needed at p	oractices & fill-in or	games when	Head Coach ca	an't make it,	coordinate snac	k list, etc.)	
Help When Available (You might have a limited		•		•			
Team Sponsor (You, or someone you know, can bother:	(You have a	business or ta	lent that can l	oe used for (ivities or othe	
OFFICE USE ONLY: Date Paid:\$			_	Card	Sign back of t	form	



Parent/ Guardian Signature

350 N. VALENCIA BLVD. WOODLAKE. CA 93286

PHONE: 559.564.8055

FAX: 559.564.8776

EMAIL: JREYNOLDS@CI.WOODLAKE.CA.US

WWW.CITYOFWOODLAKE.COM

PHOTOGRAPHY / VIDEO RELEASE I understand that the City of Woodlake Parks and Recreation may take pictures and/or video for use in a C educational purposes or social media posts. My initials indicate approval for the use of such photography, or my child may appear. I understand that I will not receive compensation for the use of the pictures/vide	/video in which I
REFUND POLICY I understand that the City of Woodlake Parks and Recreation, as a rule, does not offer refunds. Your regist for team, facility, referee, uniform, and staffing coordination and planning for the season. Special situation cussed. My initials indicate acknowledgement of the refund policy.	
MEDICAL RELEASE I hereby give consent for the previously-mentioned player to participate in the City of Woodlake Parks and Recreaduring the current season. I give permission to the league, its officers, or representatives, to provide medical treatman emergency or injury to the above registered player.	_
CITY OF WOODLAKE PARKS AND RECREATION RELEASE. WAIVER OF LIABILITY AND ASSUTHE RISK AGREEMENT FORM. READ CAREFULLY BEFORE SIGNING.	MPTION OF
In consideration of being allowed to participate in the City of Woodlake Parks and Recreation, athletic sports or recreprograms, and related events and activities, the undersigned acknowledges, appreciates, and agrees that the risk of sincluding, but not limited to, permanent paralysis, injury, and death, is significant and does exist, even though part equipment, and personal discipline may reduce the risk. Therefore:	serious injury
1) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE OF THE CITY OF WOODLAKE or others, and assume full responsibility for my participation;	NEGLIGENCE
2) I willingly agree to comply with the stated and customary terms and conditions of participation. IF I OBSERVE A SIGNIFICANT HAZARD DURING MY PRESENCE OR PARTICIPATION, I WILL EITHER REMOVE THE HAZARD, IF POSS DISCONTINUE MY PARTICIPATION and/or bring such hazard to the attention of the nearest official immediately; a	IBLE, OR
3) I WILLINGLY AGREE TO COMPLY WITH ALL STATE GUIDELINES as directed by the State of California for parti spectating in regard to PROTECTION AGAINST INFECTIOUS DISEASE INCLUDING COVID-19.	cipation and
4) I, for myself, my heirs, assigns, personal representatives and next of kin, hereby RELEASE AND HOLD HARMLES : Woodlake, their officers, officials, agents, employees, volunteers, other participants, sponsors, advertisers and ow sors of the premises used to conduct the event, for ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to property, ARISING FROM THE NEGLIGENCE of the above named organization.	ners and les-
This is to certify that I, as parent or legal guardian, have LEGAL RESPONSIBILITY for this participant. I have read and the significance of this RELEASE AND WAIVER and do consent and agree to his/her waiver, release and assumption or provided above. I release and agree to indemnify and hold harmless the City of Woodlake and associated persons from liabilities for injury or damage to the above minor while participating in these programs ARISING FROM THE NEGLIGE City of Woodlake and associated persons.	f the risk as om any and all

Date