

Wings of Wilkes Soccer Registration
Wilkes County Recreation Department
1803 Industrial Drive
Wilkesboro, NC 28697

Seasons

Fall-Mid August 2016 – End of October 2016 \$30.00

Registration Deadline-July 1, 2016

Guarantee Placement - ***NO LATE REGISTRATIONS***

Spring-Mid February 2017 – Mid April 2017 \$30.00

Registration Deadline-January 13, 2017

Guarantee Placement - ***NO LATE REGISTRATIONS***

Players that play Fall/Spring will probably be on the same team for both seasons.

**Additional forms are available at Cook's
or can be printed off the website
at www.wilkescounty.net**

AGE DIVISIONS (determined by player's age on **August 1, 2016**)

Under 4 (U4), Under 5 (U5), Under 6 (U6) – Saturdays Only

U4 – 10:00 U5 – 11:00 U6 – 9:00

This division consists of 30 minutes of instruction or skill work

Followed by a scrimmage – Ball size - #3

Under 8 (U8) – Born between 8/1/08 – 7/31/10 Boys and Girls Teams

Practice 1 day a week – Ball size - #3

Under 10 (U10) – Born between 8/1/06 – 7/31/08 Boys and Girls Teams

Practice 2 days a week – Ball size - #4

Under 12 (U12) – Born between 8/1/04 – 7/31/06

Practice 2 days a week – Ball size - #4

Ages 12-up – Pick-up Practice 1 day a week – Ball size - #5

All games are played at Lowes Park at River's Edge on Saturdays

All players must wear shinguards and have their own ball.

Soccer cleats are optional

Team T-shirts will be provided

Coaches/Parents Clinics Offered

Summer Camp Offered

FOR MORE INFORMATION CONTACT: SEASON 2016-2017

Wilkes County Recreation – (P) 903-7250 (F) 651-7344 (INFO) 651-7355

Travel Soccer – Joel Freeman – 704-936-8059

Detach and complete the information below and on the back side, then mail this registration form and fee to the address above.

First name _____ MI _____ Last name _____

Address _____ City _____ Zip Code _____

Birthdate _____ Sex _____ Parent's name _____

Child's T-Shirt Size—Youth Sm Med Lg Adult Sm Med Lg X-Lg

Circle Preferred Contact – Home# _____ Work# _____

Cell# _____ Email address _____

School _____ Grade _____

Playing experience – Previous year Team name or age group _____

Fall 2015 Spring 2016 Both Never Played

Sibling playing in same age group? _____

Additional contact person _____ Contact# _____

Date of last Tetanus shot _____

Please list any allergies/medical problems/medications that we should know about

SEASON 2016-2017	FEE	CHECK#	or	CASH
Fall 2016	\$30.00	_____		_____
Make check payable to Wilkes County Recreation Department				

Volunteers/Coaches/Sponsors Needed
Are you interested in? (Head coach's child plays FREE)

Head coach (Name) _____ (Phone) _____ (Shirt Size) _____

Assistant Coach (Name) _____ (Phone) _____

Sponsoring a team (\$250.00) _____ (Phone) _____



Waiver of Liability and Release – Please make sure parent completes and signs this form.

We, _____, the parents/legal guardian of _____, do hereby declare our intent to allow that child to practice, play and participate in all soccer-related activities with the Wings of Wilkes and Wilkes County Recreation Department Soccer Program affiliated with the North Carolina Youth Soccer Association.

We will abide by the rules of the United States Youth Soccer Association, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer, we hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the Registrant as a result of the Registrant's participation in the Programs and/or being transported to or from the same, which transportation we hereby authorize.

We further, jointly and severally, as parents and legal guardian of the minor child, release, discharge, and agree to hold harmless and indemnify the above-named individuals or any one of the designated coaches of the Team from any and all liability, claims or demands arising from the Registrant participating in the soccer Programs with the Team to include any and all claims for personal injuries sustained while present or participation in said Soccer Program or traveling to or from events in said soccer Program or while on trips sponsored by or in conjunction with said soccer Programs.

In addition, we do hereby authorize _____ or any one of the designated adults of the Team, if after a reasonable attempt has been made to reach a parent or guardian to obtain consent, or if sound medical practice decrees that there is not time to make such an attempt, to consent to any x-rays examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the Registrant under the general or special supervision and on the advise of any physician or surgeon duly licensed to practice and do consent to any x-rays examination, anesthetic, dental or surgical diagnosis or treatment and hospital care, to be rendered to the Registrant by any dentist duly licensed to practice.

We, _____, being the parents/legal guardian of _____, a minor child, wishing to participate in the NCYSA program have read and fully understand and agree to this

Waiver of Liability.

Parent/Legal Guardian

Name of Insurance Company: _____ ID Number: _____

Wings Of Wilkes

Wilkes County Recreation Department
Phone – 903-7250
Web Address – www.wilkescounty.net

Recreation Soccer

WHAT DO WE HAVE TO OFFER

Ages: 3 yrs. — up (as of August 1, 2016)		
Fall		Spring
CAMPS		
Practices	Games	Clinics
FUN FUN FUN		

**VOLUNTEERS ARE NEEDED FOR COACHES,
ASSISTANT COACHES AND TEAM MOMS.**