



Name _____ Age _____ Grade in Fall _____ Male Female

Address _____ City _____ School _____

T-Shirt Size (*You will be responsible to pay for a replacement shirt if the wrong size is ordered.*) :

- YS (6-8)
- YM (10-12)
- YL (14-16)
- S
- M
- L
- XL
- 2XL

Primary Contact: _____ Relationship: _____

Phone #: _____ Email: _____

Secondary Contact: _____ Relationship: _____

Phone #: _____ Email: _____

Please list any physical, learning, or emotional challenges or limitations and/or medications.

••Volunteer Support ••

ALL FAMILIES MUST CHOOSE ONE

(You may not be asked to help but must be willing to)

- Coach Name _____
- Asst. Coach Name _____
- Team Manager Name _____

••Team Sponsor ••

Please provide contact information for sponsor (Fee \$175.00).

Name _____ Company _____

Phone _____ Email _____

••Registration Fees••

The HCC reserves the right to charge up to a \$50 fee for any returned check

First Child: \$40.00 Second Child: \$60.00 Three or More: \$65.00

Checks - Payable to "HCC"

- Check \$ _____ # _____
- Cash \$ _____
- On-Line \$ _____
- Amt. Due \$ _____
- Waived

Registration forms may be mailed to:
Huntingdon Community Center
P.O. Box 424
Huntingdon, PA 16652

****Please see second page for Consent/Signatures****

Consent for Participation

I, the parent/guardian of _____ (the registrant), a minor, agree that the registrant and I will abide by the rules/guidelines of the HCC it's affiliated organizations and sponsors. Recognize the possibility of physical injury associated with the soccer program and in consideration for the HCC, accepting the registrant for its programs and activities. I hereby release, discharge and or otherwise indemnify the HCC, its affiliated organizations and sponsors, there employees and associated personnel, including the owners of facilities utilized for the program against any claims by or on behalf of the registrant as a result of the registrant's participation in the program and or being transported to or from the same, which transportation I hereby authorize. Further permission must be granted by the HCC for the registrant without insurance coverage to participate.

Consent for Minor Medical Treatment

As a parent or legal guardian of the above participant, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry . This care may be given under whatever conditions are necessary to preserve. I recognize the possibility of physical injury or illness from exposure to any bacteria, fungus, virus, unknown contagious diseases, or COVID-19 associated with the soccer program and in consideration for the HCC, accepting the registrant for its programs and activities.

Print Name

Signature

Date

Medical Insurance: YES No Doctor's Name _____ Phone _____

(Participation will not be denied based on whether or not participant is insured)

(Initial)

●●Photo/Video Consent●●

_____ I/We **GRANT** permission for my child to have his/her photo/video taken and published on the HCC Programs public internet site or any other type of media.

_____ I/We **DO NOT GRANT** permission for my child to have his or her picture/image taken and published on the HCC Programs public internet site or any other type of media.

(Initial)

●●Parent/Guardian Contact Information Consent●●

Huntingdon Community Center collaborates with Huntingdon Soccer Club, aka Huntingdon Hawks, to promote soccer participation in the Huntingdon area. HCC would like to share PARENT/GUARDIAN names and emails with HSC. Names of minor children will not be shared.

_____ I/We **GRANT** permission for HCC to share my/our name and email address with HSC for the purpose of disseminating information about registration for the Huntingdon Hawks spring soccer teams.

_____ I/We **DO NOT GRANT** permission for HCC to share my/our name and email address with HSC for the purpose of disseminating information about registration for the Huntingdon Hawks spring soccer teams.