

**CITY OF CHISHOLM PARKS AND RECREATION DEPARTMENT  
2021 CHISHOLM YOUTH SOCCER REGISTRATION FORM**

**Complete registration and parental consent form along with checks payable to the:  
City of Chisholm for \$30.00 due NO LATER THAN 4:00 pm April 8, 2021**

Divisions: U8 - 1<sup>st</sup> & 2<sup>nd</sup>    U10 - 3<sup>rd</sup> & 4<sup>th</sup>    U12 - 5<sup>th</sup> & 6<sup>th</sup>

Current Grade--No exceptions!

\$30 per Participant - Fee includes T-shirts and League Fees

Childs Name: \_\_\_\_\_ Female  Male:  Current grade: \_\_\_\_\_

Check shirt sizes: **Child sizes:** 10-12  14-16  **Adult sizes:** Small  Med  Large  X-L

Health Concerns: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Parent phone: \_\_\_\_\_

PLEASE complete if interested in coaching (**All coaches must complete criminal background check**)

Name of coach: \_\_\_\_\_ Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

Grade you would like to coach \_\_\_\_\_



**Games & Divisions: The “Hibbing / Chisholm Soccer Club” organize the Youth Soccer League games.**

All games are played in Hibbing at the Vic Power Park Soccer Complex.

U8 - 1<sup>st</sup> & 2<sup>nd</sup> grade on Mondays: U10 - 3<sup>rd</sup> & 4<sup>th</sup> grade on Tuesdays: U12 - 5<sup>th</sup> & 6<sup>th</sup> grade on Thursdays. All divisions have some games on Saturdays. Schedules may be altered due to scheduling conflicts but not limited to, rain dates and make-up games. The start date of games is tentatively set for the first week of May depending on field conditions.

**Practices:** Coaches determine the times, days and location of practices in Chisholm. Coaches will contact you when practices start. Please include e-mail address and cell phone for contacting purposes.

**Equipment:** Participants are required to provide their own shin guards.

**Face mask will be required if mandated by the Governor Waltz orders.**

**Team Coaches:** Teams are coached by adult volunteers. Please contact the Chisholm Parks and Recreation office at 218-254-7909 if interested in coaching. If we do not get coaches the registration fees will be returned. All coaches are required to complete and pass a criminal background check.

**CONCUSSION TRAINING FOR PARENTS AND COACHES:**

**Much emphasis has been placed on concussion awareness and training. The link below is a short training session for concussion awareness. Please make sure you view this training video before coaching and return the certificate to the Parks & Rec. Department. It is strongly advised for all parents to take this 20-minute training.**

<http://www.cdc.gov/concussion/HeadsUp/Training/HeadsUpConcussion.html>

Registration fees will be returned if COVID guidelines prevent the league from starting.  
All COVID-19 guidelines will be followed.

**CHISHOLM PARKS AND RECREATION DEPARTMENT YOUTH SOCCER**  
**PARENTAL CONSENT/RELEASE OF LIABILITY**

I hereby acknowledge, for myself and on behalf of my child, the contagious nature of Coronavirus/COVID-19 and that there remain in effect many restrictions and additional precautions intended to reduce the potential for the exposure to and spread of that virus.

However, I further acknowledge that the City of Chisholm cannot guarantee that I or my child will not be exposed or become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others. I hereby acknowledge that by enrolling my child to participate or attending events I assume the risks associated with my or my child's participation.

I/we, the undersigned, hereby certify that I/we are the parent or legal guardian of the minor participant named and identified herein (hereinafter "the participant"). I/we further certify that the participant is physically capable of participating in the activities undertaken in association with participation with the programs offered by the Chisholm Parks and Recreation Department/City of Chisholm (hereinafter CPRD) and all related activities.

I/we hereby give permission for the staff or agents of CPRD to seek appropriate medical treatment for the participant during the period of any activities wherein the participant is under the direction/supervision of CPRD or any staff member, agent, or contractor thereof, and for the participant to receive medical attention in the event of an accident, injury, disease or illness. By signing this consent and release I/we acknowledge that I/we are responsible for all costs of medical attention so provided.

By signing this consent and release I acknowledge that I/we understand that the primary activities undertaken by CPRD involve instruction and participation in soccer. As with the participation in any other sport, there exists in the game of soccer certain inherent risk arising from not only the nature of the game, but also from the participation of others in the games and activities. I/we on behalf of myself/ourselves and the participant named herein, knowingly and freely assume all such risk, both known and unknown, including those that may arise out of the negligence of other participants.

Further, as a condition to participation in the programs/activities of CPRD I/we, for ourselves individually and on behalf of the participant, our heirs, executors, and administrators, hereby waive, release and forever discharge CPRD its governing board, directors, officers, agents, consultants, employees, independent contractors and volunteers, (collectively, the "Released Parties"), from any and all liability, claims, demands, actions, and causes of action arising out of or related to any loss, personal injury, disease, illness or property damage that may be sustained or occur during participation in (including periods of rest or other activities related to), associated with any activities undertaken pursuant to participation in the programs of CPRD and/or any duties or the breach of any duties that the Released Parties have or are alleged to have to the participant or the undersigned in connection with the participant's transportation to, transportation from, participation, lodging, meals and medical decisions relating to the heretofore referenced activities, whether or not such damages, injury or loss is due to the negligence, strict liability or other legal fault of one or more of the Released Parties.

Please sign and date this waiver and print your child's name. This form must be completed in order for your child to take part in any activities conducted by the City of Chisholm's Parks and Recreation Department.

Parent or Legal Guardian (Sign): \_\_\_\_\_ Date: \_\_\_\_\_

Child's name (Print): \_\_\_\_\_