



# 2017 Hickman Area Soccer Registration Pre-K-3rd

Hickman Parks & Recreation Department  
P.O. Box 127, Hickman, NE 68372  
[www.hickman.ne.gov](http://www.hickman.ne.gov)

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Sex:  M  F Current Grade in 2017 \_\_\_\_\_ Special Request *(Coach or one child, please)* \_\_\_\_\_

Parent Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

I am Interested in Coaching

**NO REGISTRATIONS WILL BE ACCEPTED AFTER: Monday, August 7, 2017**

\_\_\_\_\_ \$25 - Payable to the City of Hickman \*NO SHIRT\*

\_\_\_\_\_ \$35 - Payable to the City of Hickman \*INCLUDES SHIRT\*

T-Shirt Size: (Check One)

Youth:  S (6/8)  M (10/12)  L (14/16)

Soccer Shirts are  
same as T-ball &  
Coach Pitch Shirts

Check here if you **DO NOT** give permission for your minor child/ward(s) picture(s) to be on the City of Hickman Facebook, Website and/or Newsletter.

## WAIVER AND RELEASE OF LIABILITY

**Please read this form carefully and be aware that in participating you will be waiving and releasing all claims for injuries that you or your minor child/ward might sustain arising out of this participation.**

As a participant or parent/guardian of a participant, I recognize and acknowledge that there are certain risks of physical injury and agree to assume the full risk of any injuries, including death, damages or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with this program.

I agree to waive and relinquish all claims I or my minor child/ward may have against the City of Hickman and its officials, officers, agents, servants and employees as a result of participating. I do hereby fully release and discharge the City of Hickman and its officials, officers, agents, servants, employees and volunteers from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may incur or may accrue to me or my minor child/ward on account of my participation.

I further agree to indemnify and hold harmless and defend the City of Hickman and its officials, officers, agents, servants, employees and volunteers from any and all claims resulting from injuries, including death, damages and losses sustained by me or my minor child/ward and or arising out of connected with, or in any way associated with the activities of my participation.

In accordance with Nebraska Statute 71-9105 (2011), parents and coaches must review the provided items that address the following:

- 1) The Signs and Symptoms of a Concussion;
- 2) The Risks Posed by Sustaining a Concussion; and,
- 3) The Actions an athlete should take in response to sustaining a concussion, including the notification of his or her coaches.

(More information is available at [www.cdc.gov/concussion/HeadsUp/youth.html](http://www.cdc.gov/concussion/HeadsUp/youth.html))

By signing this form I acknowledge that I have read and fully understand the above warning of Risk and Waiver and Release of All Claims and have received information in accordance with Nebraska Statute 71-9105 regarding concussions.

\_\_\_\_\_  
Parent/Guardian Signature (Required)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Make Checks Payable to: City of Hickman Parks & Rec. (Only Cash or Checks are Accepted)**

### For Office Use Only

Date Received \_\_\_\_\_  Fees Paid Total \$ \_\_\_\_\_  Check # \_\_\_\_\_  Cash Receipt # \_\_\_\_\_