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**High Desert Soccer League 2023 Grades 6-8th**

***Soccer League Applications are now being accepted at the High Desert Park and Rec. office. SIGN UP ON OUR WEBSITE:Highdesertparkandrec.com***

 ***Forms may also be mailed to the Park & Rec., P.O. Box 238, Burns, OR 97738. Player fees are $75.00.***

**This will be a traveling team; parents oversee team travel. We currently play Baker, LaGrande, and Pendelton. We are working on a schedule for July 30th with the league. We will hold one or two tournaments here that consist of double header games. We will be looking for line judges, offsides callers, and a Scorekeeper. With parent approval we will add 5th graders if the team is short. Practices will be held at the Hines Field behind the Fire Station. Please Contact the Office at 541-573-2413 with any questions. Season will be August-September 2023.**

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**FEE:** **$75.00**

Last Name First Name Date of Birth Grade

Boy Girl Email Address:

Address (street) (mailing)

City State Zip Home Phone

Person/Address/Phone to notify in an event of an emergency.

Another Person/Address/Phone to notify in an event of an emergency.

Doctor/Phone to notify in event of an emergency.

**Share Picture consent for our Social Media Platforms**

**[] Yes []No**

**IMPORTANT!!!**

I agree that I, the registrant, will abide by the rules of High Desert Park & Recreation, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with playing a sport, I hereby release, discharge and/or otherwise indemnify the High Desert Park & Recreation, its affiliated organizations and sponsors, their employees, coaches, and associated personnel, including the owners of the 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 I hereby authorize.

Name (please print) Signature Date

(Parent if registrant is under 18)

**CONSENT FOR MEDICAL TREATMENT:**

I hereby give 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 the life, limb or well-being of the registrant.

Signature Date

(Parent if registrant is under 18)