

WALDOBORO RECREATION YOUTH SOCCER - 2017

Please return completed form along with payment to the Waldoboro Town Office or mail to: Waldoboro Recreation Department, P. O. Box J, Waldoboro, ME 04572 Call 832-5369 for more information (Please make checks payable to: Town of Waldoboro) WALDOBORO RESIDENTS: \$25.00. ALL OTHERS \$35.00

REGISTRATION DEADLINE IS SATURDAY SEPTEMBER 9, 2017

Name: _____ Age: _____ Date of Birth: _____ Grade: _____ male female
 Address: _____ Town: _____ Home #: _____
 School: _____ Parent's e-mail address: _____
 Parent (1) /Guardian: _____ Home #: _____ Work/Cell _____
 Parent (2) /Guardian: _____ Home #: _____ Work/Cell _____
 Emergency Contact: _____ Home #: _____ Work/Cell _____
 Doctor's Name: _____ Tel #: _____ Hospital: _____
 Allergies or special medical conditions: _____

Shirt Size (circle one): (youth) S M L XL (adult) S M L XL XXL
 6-8 10-12 14-16 18-20 34-36 38-40 42-44 46-48 50-52

(Please double check shirt size, the Recreation Department is not responsible if shirt does not fit)

Volunteer Support: I would be interested in: _____ being a Head Coach _____ being an Assistant Coach
 _____ helping with fundraising _____ being a volunteer referee _____ helping with scorekeeping/clock

SPORTSMANSHIP: As a Spectator, I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game and practice. I will remember that this is a children's program and Coaches are volunteers. I will show support for my child's accomplishments and I will never cheer another child's failure.

As a player, I will practice good sportsmanship by being courteous to all players, coaches and officials. I will support and encourage my teammates and I will never taunt or laugh at any player on the opposing team or my own. I will respect the referee's decision and learn from it.

LIABILITY RELEASE: I agree to waive and release any and all claims I may have against Town of Waldoboro and MSAD 40 including their agents, employees, paid and non-paid volunteers, officers, chaperones, leaders, organizers and sponsors.

MEDICAL TREATMENT: I understand that although a physician's examination is not required for registration, it is highly advisable that participants consult with a physician before participation in athletic and strenuous activities. Medical insurance is not provided. In the event that my child becomes ill or is injured, I hereby authorize whatever medical care and/or services necessary under the circumstances to preserve life, limb or the well being of my dependent. I understand that the program will attempt to notify me as soon as possible.

PHOTO RELEASE: I authorize the release of any photographs taken of my child as part the program to be published in the newspaper or posted on the internet. **Parents initials** _____.

I have read this form and understand its content. The person named herein has been granted permission to participate in the Waldoboro Recreation Youth Program listed above.

 Parent/Legal Guardian (printed name)

 Signature

 Date

PRIVACY POLICY - Identifiable Personal Information is information about a natural person that is readily identifiable to that specific individual. Information collected on this form will be used solely for registration in a program. We will not release or share information with other agencies or entities that is not required by 1 M.R.S.A. Chapter 13.

For office use only:

Payment type: check cash Amt Rcvd: _____ Check # _____ Pmt received by: _____ Date: _____