

# WALDOBORO RECREATION YOUTH SOCCER - 2016

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 3, 2016**

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: \_\_\_\_\_