

SHELBURNE PARKS & RECREATION SOCCER REGISTRATION

FALL 2009 * Registration Deadline: MAY 8, 2009

Registration Fee: \$26.00 All registrations received after Friday, May 8, 2009 will be charged a \$25 late fee. Late fee is \$50 after Aug. 21 and NO registrations will be accepted after Aug. 28. No child will be denied enrollment due to the inability to pay. **Make checks payable to "Shelburne Parks & Recreation". UNIFORM Shirts are required and cost \$22.00.** Please circle size if ordering: YM YL AS AM AL AXL Please inquire at Recreation office for more info.

PLEASE COMPLETE ONE FORM PER CHILD. In order to participate in the 2009 Soccer Program, your child must be entering the 1st through 8th grade in September 2009. A uniform shirt and shin guards are required to participate in all games. Mouth guards are highly recommended. **** We are unable to accommodate requests to pair players with friends. ****

PARTICIPANT'S NAME: _____ GENDER: _____ Grade entering in Fall 2009: _____

ADDRESS: _____ PHONE: _____ DOB: _____

PARENT OR GUARDIAN'S NAME(S): _____ CELL /WORK PHONE _____

E-MAIL ADDRESS: _____

Circle one night that your child cannot attend practice: M T W TH

List any special needs/ medical conditions your child has: _____

VOLUNTEERS run this program. We need your help. Please circle the area where you can help: No experience is needed. We will provide training for coaches and referees. **PLEASE VOLUNTEER!** (Call us if you'd like more information on what is involved in volunteering in each area.)

COACH ASS'T COACH REFEREE GAME DAY ASSISTANCE EQUIP & UNIFORMS

NAME: _____ Phone: _____ E-mail: _____

Nights Available to Volunteer: M T W TH Other children in fall soccer: _____

RELEASE FORM & MEDICAL INFORMATION

As parent or guardian, I give permission for my child to participate in the Shelburne Parks & Recreation Soccer Program. I will inform the coach of any health problems or restrictions that will affect my child's participation in the program. I understand that the possibility of injury is inherent in the sport of soccer.

In consideration of your acceptance of my child's entry, I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims and damages I or my child may have against the Shelburne Parks & Recreation Department, its representatives and volunteers, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by this group.

In the event of an emergency, I give permission for my child to receive medical treatment and to be transported by ambulance if necessary. *Medical information that you feel we should know about:* If your child is allergic to bee stings or requires specialized medical supplies, it is your responsibility to send your child with the equipment and notify the coach. If your child does not have any necessary medical equipment or medications at any event, he or she may be denied permission to participate.

* PARENT OR GUARDIAN'S SIGNATURE: _____ DATE: _____

Return to: Shelburne Parks & Recreation Dept.
P.O. Box 88
Shelburne, VT 05482

PHONE: 985-9551

OFFICE USE ONLY:

Date rec'd: _____ Amt. Pd: _____

Check #: _____ Amt. Due: _____