

2016 SOCCER REGISTRATION FORM

AGES: Pre-K (4 years old by Sept. 1st) to 6th grade
Residents: \$40.00 per player or \$95.00 for a family of 3 or more
Non- Residents: \$50.00 per player

Leagues: **Micro:** Pre-K, K and 1st Graders **Minor:** 2nd and 3rd Grade **Majors:** 4th, 5th and 6th Grade

****IF you would like your child to be moved up to the next league YOU must request it NOW.**
I will then get your input, speak with last year's coach and make my decision. Decisions are final.
No changes will be made to any team after jerseys are ordered- Mid-August.

***** (NO Registrations accepted after August 1st – NO exceptions.....)**

General Information:

Players Name: _____ Home #: _____

Grade (Fall '15) _____ SHIRT SIZE: youth _____ OR adult _____ CELL #: _____

Parent/Guardian Name (s) _____

E-mail Address: _____

Mailing Address _____ Town: _____ Zip: _____

****Practice Night *Preferred:* _____ There is NO guarantee that your child will get on the same team as last year, with a certain coach, same as a sibling, etc. No special requests will be considered this year- it is very difficult to make everyone happy so thank you in advance for understanding....**

Medical Information:

Physician's Name and Phone # _____

Date of last complete physical exam _____

Emergency Information: (To be completed by Parent or Legal Guardian)

Please give the name and telephone number of a person, other than yourself, to contact if we are unable to reach you in case of an emergency.

Name _____ Tel #: _____

I give my permission for the above-named child to participate in this program and state that he/she is in proper physical condition to participate in this activity. I give my consent for my child to receive any first-aid and/or emergency medical treatment that may be necessary. I authorize medical/dental care prescribed by an attending physician/dentist, under whatever conditions may be necessary and prudent to preserve the life, limb and/or well being of the above-named child. I understand that the Town of North Berwick, its employees, agents, coaches and volunteers are not liable for injury sustained as a result of participation in this program or for damage to or loss of personal property.

Signature of Parent/Guardian _____ Date: _____

Please Print Full Name _____

***** Every year we desperately need coaches, can you PLEASE help by coaching a team: **Yes - Head Coach OR Yes - Asst. Coach****

Please Do Not Write Below Line To Be Filled in by Registration Person

Registration Fee Paid: _____ Cash Check # _____ Received by: _____

Rec. Director Notes: _____
