



Kittery Recreation Indoor Soccer Registration Form



<input type="checkbox"/> \$46/child Through February 24 th / Add \$10 non-resident	<input type="checkbox"/> \$67/child after February 24 th / Add on \$10 non-resident
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Please Check One

<input type="checkbox"/> Pee Wee (Ages 3-4)	<input type="checkbox"/> Nippers 5yrs – 1 st Grade	<input type="checkbox"/> Juniors 2 nd -3 rd Grade	Seniors <input type="checkbox"/> 4 th – 6 th Grade
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Please print the following information about your child:

Child's name: _____	M or F _____	Date of Birth: / / _____	Grade _____	Shirt Size _____
Mother's Name: _____		Home phone: _____	Work Phone: _____	
Father's name: _____		Home phone: _____	Work Phone: _____	
Street Address: _____		City: _____		

Please provide us with any medical conditions, allergies, or other pertinent information:

*This is a parent run program requiring volunteers to help keep the league running. If you are interested in helping, please check the appropriate box. Thank you in advance for your help. **VOLUNTEER COACHES NEEDED!***

COACH

ASSISTANT COACH

Volunteer's Name _____

WAIVER: I understand that this league does not provide insurance, and I must supply health coverage for my child. I give my permission for my child to be treated by a medical professional in the event of an emergency. I hereby waive, release and discharge the Kittery Recreation Department, Kittery Recreation Employees, Town of Kittery, Town Employees, and all volunteers, from all liability that may arise from any injury to my child/children. I further agree for my child/children and myself, in the event my child/children is/are injured while participating in said activities, to indemnify and hold harmless the organization and its participants.

My insurance carrier is _____ **Policy #** _____

Signed by parent _____ **Date** _____

I understand that photos of the team/my child will be taken. These photos will be the property of the Kittery Recreation Department and may be used to promote the soccer program.

Signed by parent _____ **Date** _____

**PLEASE RETURN THIS REGISTRATION FORM (sorry, no telephone registrations)
ALONG WITH YOUR CHECK PAYABLE TO KITTERY RECREATION TO:**

**Kittery Recreation Department,
120 Rogers Road, Kittery, ME 03904**

Date Paid _____ Amount \$ _____ Cash Check # _____