

FALL SOCCER 2018

****Reminder-** you can now register 24 hours a day online at:

www.kitterycommunitycenter.org

(Credit cards only and there is a service fee charged by the host company for online registrations)
(Please fill out a form for each child & a Medical Form if you have not previously done one)

<input type="checkbox"/> \$46/child on or before August 24 th /\$56 for non-resident <input type="checkbox"/> \$56/child on or before August 31 st /\$66 for non-resident <input type="checkbox"/> \$67/child after August 31 st /\$77 for non-resident
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Please Check One

<input type="checkbox"/> Nippers (5 years & 1 st grade)	<input type="checkbox"/> Juniors (2 nd & 3 rd grade)	<input type="checkbox"/> Seniors (4 th , 5 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: YS YM YL AS AM AL AXL	
Parent 1:	Home Phone: _____	Work Phone: _____
Parent 2:	Home Phone: _____	Work Phone: _____
Street Address: _____	E-mail Address: _____	
City: _____ Zip: _____	Contact person for the above e-mail address: _____	

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.

COACH

ASSISTANT COACH

Volunteer's Name _____ Email: _____

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, Kittery Youth Soccer, and 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 # _____