# OLD LYME PARKS AND RECREATION
# *YOUTH SOCCER*
# 2014 REGISTRATION FORM

PLEASE FILL OUT A FORM FOR EACH PARTICIPANT

PARTICIPANT'S NAME_____

GRADE_____ BIRTHDATE_____ AGE_____ SEX (M)____ (F)____

NAME OF PARENT/ GUARDIAN_____

ADDRESS_____

E-MAIL ADDRESS_____

## PHONE NUMBERS IN CASE OF EMERGENCIES

HOME_____ WORK_____ OTHER_____

## RELEVENT MEDICAL INFORMATION

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_____

I HEREBY GIVE MY CONSENT TO ALLOW MY CHILD TO PARTICIPATE IN THE PARKS AND RECREATION PROGRAM LISTED ABOVE AND GIVE PERMISSION FOR ALL PARKS AND RECREATION EMPLOYEES TO ACT AS NEEDED IN CASE OF EMERGENCIES. BY SIGNING THIS FORM I UNDERSTAND THAT I ASSUME ALL RESPONSIBILITY FOR ANY INJURIES INCURRED.

**VOLUNTEER COACHES AND ASSISTANTS ARE NEEDED.**

**I AM INTERESTED IN COACHING YES_____ NO_____**

**SIGNATURE OF PARENT/ GUARDIAN_____**

$40 PER CHILD / $60 PER FAMILY
MAKE CHECKS PAYABLE TO: OLD LYME PARKS AND RECREATION
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THIS SECTION TO BE COMPLETED BY PARKS AND RECREATION
AMOUNT PAID_____ CHECK #_____ CASH_____