



OLD LYME PARKS AND RECREATION  
***YOUTH SOCCER***  
2015 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 \_\_\_\_\_

**RELEVANT MEDICAL INFORMATION**

\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_