



OLD LYME PARKS AND RECREATION
YOUTH SOCCER
2016 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

THIS SECTION TO BE COMPLETED BY PARKS AND RECREATION
AMOUNT PAID _____ CHECK # _____ CASH _____