

RECEIPT # \_\_\_\_\_  
CA/CK AMT \_\_\_\_\_

**SENECA FALLS RECREATION & PARKS COMMISSION  
FALL SOCCER LEAGUE REGISTRATION FORM**

**PLEASE PRINT!**

PLAYERS NAME \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_\_ (Present)

ADDRESS \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ GRADE \_\_\_\_\_ (as of Sept. '18)

PHONE# \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_

**PARENT/GUARDIAN DATA:**

NAME \_\_\_\_\_ SPOUSE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE# (DAY) \_\_\_\_\_ (EVE) \_\_\_\_\_ PHONE# (DAY) \_\_\_\_\_ (EVE) \_\_\_\_\_

EMPLOYER \_\_\_\_\_ EMPLOYER \_\_\_\_\_

**FAMILY E-MAIL ADDRESS:** \_\_\_\_\_

.....  
**CHECK DIVISION REGISTERING FOR IN 2018:**

\_\_\_\_\_ MIGHTY MITES (co-ed PK & K)  
\_\_\_\_\_ NATIONAL (co-ed Grades 3 & 4)

\_\_\_\_\_ AMERICAN (co-ed Grades 1 & 2)  
\_\_\_\_\_ INTERNATIONAL (co-ed Grades 5 & 6)

**PARTICIPANT SHIRT SIZE (CIRCLE ONE):** YS YMED YLG ADSM ADMED ADLG ADXL AD2XL

**I REALIZE THE SUCCESS OF MY YOUNGSTER'S PARTICIPATION IS POSSIBLE ONLY THROUGH VOLUNTEER PARENTAL SUPPORT.  
I WILL HELP AS FOLLOWS:** \_\_\_\_\_ HEAD COACH \_\_\_\_\_ ASST. COACH

**VOLUNTEER'S NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_ **LEAGUE** \_\_\_\_\_

**COACHES T-SHIRT SIZE (CIRCLE ONE):** SM MED LG XLG XXLG OTHER

**LIABILITY WAIVER**

I the undersigned, agree to let my child participate in the Seneca Falls Recreation Center & Parks Commission's **SOCCER LEAGUE** program. I understand and agree that the SENECA FALLS RECREATION CENTER & PARKS COMMISSION, its DIRECTORS, MANAGERS, COACHES and OTHER ORGANIZERS shall in no way be held liable for any injury received at any game or practice, or in going to or from any game or practice. I understand that it shall be my responsibility to transport my child to and from all games and practices.

**SOCCER** is a sport involving extensive running, contact and other physical exercise. I understand it is my responsibility, through consultation with our family physician, to insure that my child is fit to participate in this program.

I do, hereby, assume all NORMAL risks and hazards incidental to the conduct of the above named program. I further release, absolve, indemnify and hold blameless the SENECA FALLS RECREATION CENTER & PARKS COMMISSION or any of the personnel appointed by that COMMISSION or the TOWN OF SENECA FALLS.

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN**

**DELIVER OR MAIL COMPLETED FORM AND PAYMENT TO: SENECA FALLS PARKS & REC, 35 WATER ST., SENECA FALLS, NY 13148.**