

RECEIPT # _____
CA/CK AMT _____

SENECA FALLS RECREATION & PARKS COMMISSION

FALL SOCCER LEAGUE REGISTRATION FORM

PLEASE PRINT!

PLAYERS NAME _____ DOB ____/____/____ AGE _____

ADDRESS _____ MALE _____ FEMALE _____ GRADE _____ (as of Sept. '23)

PHONE# _____

EMERGENCY CONTACT NAME: _____ PHONE# _____

PARENT/GUARDIAN:

NAME _____ NAME _____

ADDRESS _____ ADDRESS _____

PHONE# _____ PHONE# _____

FAMILY E-MAIL ADDRESS: _____

****WE COMMUNICATE THROUGH EMAIL~PLEASE DO NOT LEAVE BLANK****

.....
CHECK DIVISION REGISTERING:

_____ MIGHTY MITES (co-ed PK & K) _____ AMERICAN (co-ed Grades 1 & 2)
_____ NATIONAL (co-ed Grades 3 & 4) _____ 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** _____

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 ensure 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.
CASH OR CHECK ONLY, WE DO NOT ACCEPT CREDIT CARDS. THANK YOU.