

2010 SOCCER REGISTRATION FORM

Sponsored BY : North Berwick Parks and Recreation Department

\$30.00 per child(resident) or \$45.00 per family(resident)

\$45.00 per child(non resident)

\$10.00 per player LATE FEE IF REGISTERING AFTER July 30th, 2010

General Information:

Date of Birth _____ Age _____ Grade (Fall '08) _____ Shirt Size: _____

Name _____ Telephone () _____

Parent/Guardian Name (s) _____ E-mail _____

Mailing Address _____

**Practice Night Preferred: _____ **Night(s) you cannot practice: _____

Medical Information:

Physician's Name and Location _____

Telephone Number () _____

Any known allergies to medications? Yes No

If yes, please list medications _____

Date of last complete physical exam _____

Are there any medical conditions which you feel the coach should be aware of? (for example, previously broken bones, asthma, allergies, etc.)

Please list: _____

Is child on any medications? Please list. _____

Emergency Information: (To be completed by Parent or Legal Guardian)

Please give the name and telephone number of a person, other than yourself, to contact if we are unable to reach you in case of an emergency.

Name _____

Telephone () _____ Relationship _____

I give my permission for the above-named child to participate in this program and state that he/she is in proper physical condition to participate in this activity. I give my consent for my child to receive any first-aid and/or emergency medical treatment that may be necessary. I authorize medical/dental care prescribed by an attending physician/dentist, under whatever conditions may be necessary and prudent to preserve the life, limb and/or well being of the above-named child. I understand that the Town of North Berwick, its employees, agents, coaches and volunteers are not liable for injury sustained as a result of participation in this program or for damage to or loss of personal property.

Signature of Parent/Guardian _____ Date: _____

Please Print Full Name _____

Volunteers are a vital part of our program. Please help by doing whatever you can.

Yes, I will help ... Coach a team Concession Stand Field Day (date TBD) Other _____

Please Do Not Write Below Line

Registration Fee Paid: _____ Cash Check Received by: _____

***Deadline for late registrations is AUG. 14th, 200910(**NO EXCEPTIONS**)

*** There will be **NO** changes to any team roster