Grade
_____
B / G

Windsor Locks Park and Recreation
2018 Fall Soccer Program

Office use:
Date: _____
Payment: cash / ch _____

Important Information - Please Read

1. The registration fee is required for all players with this registration form.

Forms received at the Park Office ***on or before 7/31***	Forms received at the Park Office ***after 7/31***
Pre-K = No Charge Kindergarten & Grade 1 = $10 Grades 2 & 3 = $20	Pre-K = $15 Kindergarten & Grade 1 = $25 Grades 2 & 3 = $35

GRADE IS DETERMINED AS OF SEPTEMBER 1, 2018. For some groups, there is also an age consideration.
Preschoolers must be 4 years of age by December 31, 2018

All players are required to purchase and wear protective shin guards and socks to cover the shinguards. Players Grade 2 and above are also required to wear soccer cleats.

CHILD'S NAME _____ GRADE _____

ADDRESS _____ AGE _____ D.O.B._____

PARENT'S NAME(S) _____ PHONE _____

EMAIL ADDRESS _____ ALT. PHONE _____

PLEASE LIST ANY MEDICAL PROBLEMS, ALLERGIES OR SPECIAL ASSISTANCE THAT STAFF SHOULD BE MADE AWARE OF REGARDING YOUR CHILD AS A PARTICIPANT IN THIS PROGRAM:

_____

_____

Shirt Size: Youth Medium | Youth Large | Adult Small | Adult Medium | Adult Large | Adult X-Large

Parental Assistance with Soccer Team: Please circle (*KNOWLEDGE OF THE SPORT IS OPTIONAL!*)

COACH ASSISTANT COACH PRE-K COORDINATOR

** Please note – Special requests are seldom taken into consideration due to the size of this program. **
** Please note – Assistant coaches will be placed on the team that selects their child. **

I certify that the above information is true:

_____ _____
(PARENT OR GUARDIAN SIGNATURE) (DATE)

LIABILITY WAIVER

Know that I, _____, hereby give my son / daughter (please circle one)
_____ permission to participate in the Town of Windsor Locks **Fall Soccer Program**. In consideration for my child's ability to participate in the **Fall Soccer Program**, I agree, to the fullest extent permitted by law, to defend, indemnify and hold harmless the Town of Windsor Locks Parks and Recreation Department, it's employees, agents and volunteers, from any injuries or damages caused by or resulting from participation in the Town of Windsor Locks **Fall Soccer Program**.

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE:

_____ _____
(PARENT OR GUARDIAN SIGNATURE) (DATE)