

Grade
B / G

REGISTRATION / RELEASE FORM
WINDSOR LOCKS PARK AND RECREATION
2020 INDOOR SOCCER PROGRAM

For boys and girls Pre-K thru Grade 3

CHILD'S NAME _____ GRADE _____

ADDRESS _____ AGE _____ D.O.B. _____

PARENT'S NAMES _____ PHONE _____

EMAIL _____ ALTERNATE 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:

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 **Indoor Soccer Program**. In consideration for my child's ability
to participate in the **Indoor 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 **Indoor Soccer Program**.

I certify that the above statements are true:

(PARENT OR GUARDIAN SIGNATURE)

(DATE)