

Grade
_____
G / B

# Windsor Locks Park and Recreation 2019 Spring Soccer Program

*This program is for players in **Grades Pre-K through 6.***

**Pre-K players must turn 4 years old by 6/30/19.**

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.

There is no fee for this program.

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_ AGE \_\_\_\_ D.O.B. \_\_\_\_\_

PARENT'S NAME(S) \_\_\_\_\_ 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:

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If you are interested in coaching, please indicate below:

Coach

Assistant Coach

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

**I certify that the above statements are true:**

\_\_\_\_\_  
(PARENT OR GUARDIAN SIGNATURE)

\_\_\_\_\_  
(DATE)