Grade
B/G

Windsor Locks Park and Recreation 2020 Fall Soccer Program

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Office use:					
Date:					
Payment: cash /					
ch					

(DATE)

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

Forms received at the Park Office **on or before 7/31**Pre-K = No Charge Kindergarten = \$10

Grades 1 thru 4 = \$20

(PARENT OR GUARDIAN SIGNATURE)

Forms received at the Park Office **after 7/31**Pre-K = \$15 Kindergarten = \$25
Grades 1 thru 4 = \$35

GRADE IS DETERMINED AS OF SEPTEMBER 1, 2020. For some groups, there is also an age consideration.

Preschoolers must be 4 years of age by December 31, 2020

All players are required to purchase and wear <u>protective shin guards</u> and socks to cover the shinguards. Players Grade 1 and above are also required to wear <u>soccer cleats</u> .										
CHILD'S NAME _	GRADE	GRADE								
					D.O.B					
PARENT'S NAME	E(S)	PHONE	PHONE							
EMAIL ADDRESS	S			_ ALT. PHON	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!)										
	ACH	ASSISTAN'			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)										
		LIAE	BILITY WAI	VER						
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:										