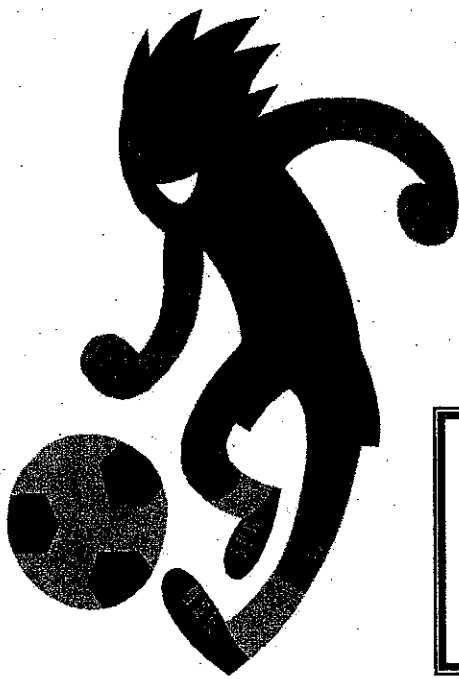


Rindge Recreation Department 2010 Youth Indoor Soccer



When?

Every Saturday from March 13th to
April 17th

Who?

4 th & 5 th Grade	8:00-9:00
2 nd & 3 rd Grade	9:15-10:15
K & 1 st Grade	10:30-11:30

Where?

Rindge Memorial School Gym

Please contact Ethan Perry or
Maggie Doyle at 899-6847 with
questions or concerns.

Registration Form On Back
This Is Not A School Sponsored Event

2009-2010 Rindge Recreation Department Youth Sports Registration Form

Youth Soccer

**COST: \$15 per child, \$10/second child, and \$5 for each additional child.
Open to Rindge residents only.**

GRADE: _____ SEX: _____ PLAYERS NAME: _____

DOB: _____ AGE: _____ SCHOOL: _____ HOME PHONE #: _____

E-MAIL ADDRESS: _____

PARENT/ GUARDIAN: _____ ALT. PHONE#: _____

STREET ADDRESS: _____

TOWN: _____ ZIP: _____ Shirt Size: _____

Permission and Emergency Treatment

I hereby give my permission for my son/daughter to participate in the Rindge Recreation programs. I assume all risks and hazards incidental to such participation, including transportation to & from activities, and I do hereby waive, release, and agree to hold harmless the said Rindge Recreation, its volunteers, staff, and all sponsors for any claim arising out of injury to my son/daughter or property damage that might occur during the participation. I am aware of the hazards of the activities/sports and the risk of injury in these programs.

In case of emergency I hereby give my permission to the program staff and medical personnel selected by the Rindge Recreation, in my absence, act as my agent, to apply first aid when necessary, or in the event of a more serious accident, for my child to be transported to an emergency medical facility to receive emergency medical treatment. I also authorize the medical personnel to administer such treatment as is medically necessary, and I authorize the hospital to undertake examination and emergency treatment if warranted on behalf of my child. EVERY EFFORT WILL BE MADE TO CONTACT PARENTS IN THE EVENT OF AN EMERGENCY.

Medical Condition: _____

Parent Signature: _____ Date: _____

Emergency contact: NAME _____

Telephone #: _____ Relationship to Player: _____

Player has sibling(s) that are registered in the following divisions: (divisions aligned by grade)

K 1 2 3 4 5 6 7 8 9 10+

***Please make checks payable to Rindge Recreation Department**

For Office Use Only: Date Received: _____ Payment: Cash Amount: _____
Check # _____ AMT. _____ Name on Check _____