

# SHELBURNE PARKS & RECREATION FALL SOCCER REGISTRATION

FALL 2021

\* Registration Deadline: June 18, 2021

## **FEES:**

### **REGISTRATION FEE: \$35.00 (by June 18, 2021):**

All registrations received after Fri., June 18, 2021 will be charged **\$55** ( \$20 LATE FEE). Registration will end on the late deadline of Aug. 6th. Registrations received after Aug. 6 will be placed on a wait list and put on a team if space allows. Please inquire at the Recreation office or SCS Guidance office if a scholarship is needed.

### **UNIFORM SHIRT FEE: \$25.00. Please circle size if ordering: YS YM YL AS AM AL AXL**

Uniforms are required. (If you have one from a previous year, you don't need to order a new one.)

**Make checks payable to "Shelburne Parks & Recreation".**

**PLEASE COMPLETE ONE FORM PER CHILD.** In order to participate in the 2021 Soccer Program, your child must be entering 1st through 6th grade in September 2021. A uniform shirt and shin guards are required to participate in all games.

PARTICIPANT'S NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_ Grade entering in FALL 2021: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ DOB: \_\_\_\_\_

PARENT NAME (1) : \_\_\_\_\_ CELL \_\_\_\_\_ WORK PHONE \_\_\_\_\_

PARENT NAME (2) : \_\_\_\_\_ CELL \_\_\_\_\_ WORK PHONE \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

You may circle one night that your child can NOT attend practice:      M    T    W    TH

List any special needs/ medical conditions your child has, including prior head injuries (concussions): \_\_\_\_\_

How many seasons of organized soccer has the player participated in? \_\_\_\_\_

Please list any Club or Travel soccer teams that your child has played on with AND how many seasons: \_\_\_\_\_

## **VOLUNTEER COACHES ARE NEEDED FOR THIS PROGRAM!**

Please check below and complete if you are interested in helping. No experience is needed. Training provided for coaches.

PLEASE VOLUNTEER!                      Circle your preference:    Head Coach    Asst. Coach

NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_ List other children in fall soccer: \_\_\_\_\_

## **RELEASE FORM & MEDICAL INFORMATION**

As parent or guardian, I give permission for my child to participate in the Shelburne Parks & Recreation Soccer Program. I will inform the coach of any health problems or restrictions that will affect my child's participation in the program. I understand that the possibility of injury is inherent in the sport of soccer.

In consideration of your acceptance of my child's entry, I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims and damages I or my child may have against the Shelburne Parks & Recreation Department, it's representatives and volunteers, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by this group.

In the event of an emergency, I give permission for my child to receive medical treatment and to be transported by ambulance if necessary. *Medical information that you feel we should know about:* If your child is allergic to bee stings or requires specialized medical supplies, it is your responsibility to send your child with the equipment and notify the coach. If your child does not have any necessary medical equipment or medications at any event, he or she may be denied permission to participate.

\* PARENT OR GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Return to: Shelburne Parks & Recreation Dept. P.O. Box 88 Shelburne, VT 05482

PHONE: 985-9551

### **OFFICE USE ONLY:**

Date rec'd: \_\_\_\_\_ Amt. Pd: \_\_\_\_\_ Cash  or Check #: \_\_\_\_\_ Amt. Due: \_\_\_\_\_