

TOWN OF EMBDEN RECREATION DEPARTMENT

**REGISTRATION FORMS
MUST BE SUBMITTED TO
THE EMBDEN TOWN OFFICE
ON OR BEFORE
FRIDAY, AUGUST 14TH**



**PROGRAM REGISTRATION FORM
PARENT/GUARDIAN ASSENT & RELEASE**

Program: (Circle one) Fall Programs:

<u>Soccer</u>	<u>Cheering</u>	<u>Football</u>
K-2	2-4	2-4
3-4	5-6	5-6
5-6		

Soccer Commissioner: Crystal Johnson ~ 431-6227 Johnsonc27@gmail.com Cheering Commissioner: Amber Noyes ~ 860-0428
Football Commissioner: Alan Bonito ~ 431-6666

Circle One: I would like to volunteer by: Coaching Assistant Coach Helper

All programs/teams are contingent on parent volunteers and coaches. If we do not get enough parent volunteers for a certain age group, there will be no program/team for that age group.

Embden Resident: (Circle one) YES or NO*

CHILD'S NAME: _____ Age: _____

ADDRESS: _____

PHONE #: _____ BIRTHDATE: _____ GRADE (Fall 2015): _____

PARENT/GUARDIAN NAMES: _____

EMAIL _____ (OPTIONAL)

*When applicable (please circle) T-Shirt Size YSM (6-8) YM (10-12) YL (14-16) AS AM AL AXL AXXL

PLEASE LIST ANY ALLERGIES, MEDICAL CONDITIONS, PHYSICAL LIMITATIONS/RESTRICTIONS YOUR CHILD MAY HAVE: _____

Please note any special considerations for your child such as sisters/brothers needing to be on the same team or transportation issues. _____

I (WE) GIVE PERMISSION FOR EMERGENCY MEDICAL TREATMENT TO BE GIVEN TO OUR CHILD, INCASE I (WE) CANNOT BE REACHED BY PHONE. EMERGENCY CONTACT PERSON(S) & PHONE

1. _____ 2. _____

The undersigned being the parent or guardian of (child's name) _____, a minor, consent and assent to said child's participation in the athletic ventures, games, and sports events sponsored by the Town of Madison/ Recreation Department, and by this consent and assent do hereby assume all responsibility for any and all injuries and/or damages related thereto that said child may receive or sustain as a result of incident to the participation therein or any related activity thereof; and as further consideration of permitting said child to engage in said ventures, games, sports events, and activities related thereto the undersigned, jointly and severally, agree to indemnify, protect, and save harmless Town of Madison/Recreation Department from any and all judgments, costs, and expenses whatsoever arising on account of any action, claim, or demand by said minor, or by any person acting for or on behalf of said minor in respect of any claimed injuries or damages. **Photographs: The Town of Madison/Recreation Department may take pictures of participants at our programs, activities or special events. Please be aware that the pictures may appear in future promotional materials, including local newspapers and our web site.**

NAME OF PARENT/GUARDIAN: (PLEASE PRINT) _____
SIGNATURE OF PARENT/GUARDIAN: _____
TODAYS DATE: _____