

# TOWN OF EMBDEN

## K-5<sup>th</sup> GRADE SOCCER SIGN-UP

The Embden Rec. soccer program will have teams split up by grades K-2<sup>nd</sup> and 3<sup>rd</sup>-5<sup>th</sup>.

We will need parent volunteers to help make our soccer program run smoothly.

Please return your permission slips no later than SEPTEMBER 5<sup>TH</sup> 2013 to the Embden Town Office.

If you have any questions, please contact Tammy Murray at 696-3648.

**WILL BE ABLE TO COACH**

YES

NO

\_\_\_\_\_  
Name and Phone #

**INTERESTED IN BEING A VOLUNTEER**

YES

NO

\_\_\_\_\_  
Name and Phone #

This program is not affiliated with RSU#74, which means participants will not have access to inside the school and transportation is not provided. Children will be unsupervised if they arrive before games begin or if they are not picked up promptly after a game.

We recommend that your child uses the restroom at home before coming to games.

Players **MUST**: Bring their own water

Dress appropriately (t-shirt, shorts or sweatpants)

Wear socks, cleats or sneakers, AND shin guards

**MOUTHGUARDS ARE MANDATORY!!!**

Please know that although we want the children to have fun, we also need them to be on their best behavior and listen carefully to the coaches while they are on the field. Fighting, pushing, tripping, inappropriate language/gestures, and other unacceptable behavior will not be tolerated.

◆.....◆  
Child's Name: \_\_\_\_\_ Phone#: \_(\_\_\_\_)\_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian(s): \_\_\_\_\_ Phone#: \_(\_\_\_\_)\_\_\_\_\_

**I (WE) GIVE PERMISSION FOR EMERGENCY MEDICAL TREATMENT TO BE GIVEN TO OUR CHILD, IN CASE I (WE) CANNOT BE REACHED BY PHONE.**

Emergency Contact Person(s) & Phone Number (You *MUST* list 2 people)

1. \_\_\_\_\_ 2. \_\_\_\_\_

Please list any allergies, medical conditions or physical limitations/restrictions your child may have:

\_\_\_\_\_  
I consent and assent to my child's participation in the Embden Soccer program, and do hereby assume all responsibility for any and all injuries and/or damages that said child may receive or sustain as a result of participation; and as further consideration of permitting said child to engage in said activities, the undersigned, jointly and severally, agree to indemnify, protect, and save harmless the Embden Recreation Department, RSU#74, and their officers, directors, agents, servants, and employees 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.

NAME OF PARENT/GUARDIAN: (PLEASE PRINT) \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_