



CASH _____ CHECK _____ # _____

FEES:

\$15.00

Deadline: 9/15

Pre-K SOCCER 2017

One Child Per Form

Child's name (print) _____

Date of Birth _____ Age _____ Sex _____ Last Year's Team _____ T-Shirt Size _____ Grade _____

Physical Address _____

Parent _____ Phone _____

Parent _____ Phone _____

Emergency Contact _____ Phone _____

*E-Mail Address _____

Medical concerns? _____

WE NEED YOUR HELP!

_____ Coach or Assist (Fee Waived Upon Approval)

I give permission for my child to play soccer for the Bridgton Recreation Program. I understand that the Recreation Department will take all reasonable preventive measures to make this activity as safe as possible, however the possibility of injury still exists. I give permission for treatment of my child in case of emergency.

Checks payable to Town of Bridgton, 3 Chase St. Bridgton, Me 04009

Signature of parent/guardian _____ Date _____

Print name of parent/guardian _____