

NORWAY RECREATION PRE-K (Age 4-5) SOCCER PROGRAM 2017

Wednesdays 5-5:45pm, September 6, 13, 20, 27 At Lovejoy Farm Sports Complex

This will be an introduction to soccer skills & drills - Rainy Days will not be made up
Parents/Guardians must stay at the field with their child during the program.

The Lovejoy Farm Sports Complex is a tobacco and pet free area.

Please inform family and friends who may be attending with you.

Deadline to register is August 25, 2017

PLEASE PRINT CLEARLY

Players Name: _____ M or F Age: ____ DOB: _____

Address: _____

Parent/Guardian: _____ Telephone: _____

E-Mail Address: _____

Health Insurance Company Name : _____

Policy Holder: _____ Youth Shirt Size: 4 ___ 5/6 ___

Medical Information/Any Information Coach Should Know (allergies, etc.):

Throughout the season a picture may be taken of your child and put in the newspaper or on the Town of Norway web site.

___ Yes, I give permission for my child's picture to be used ___ No, I do not want my child's picture used

Registration Fee: \$25 residents/\$30 non-residents to be paid at time of registration

Registration form must be received before child can attend program.

Check payable to 'Norway Recreation Department', Send To: Parks & Recreation Director Debra Partridge
Norway Parks & Recreation Department
19 Danforth Street
Norway, Maine 04268-6002

RELEASE ASSUMPTION OF RISK, AGREEMENT TO INDEMNIFY AND HOLD HARMLESS, AND EMERGENCY MEDICAL RELEASE FORM: In consideration of the permission granted for the above named participant to take part in the Soccer Program. I hereby release for myself and my heirs, the Town of Norway and, its employees, volunteers and other program participants, from all actions, damages and claims that may result in personal injuries and property damages. I recognize there may be inherent dangers in participating which may present a strain on the body and its parts, and furthermore, I represent to the best of my knowledge the participant is in the proper physical condition to allow participation. I therefore assume all risk associated with this program. I, the undersigned, have read this release and understand all its terms and implications and I hereby execute this release of my own free will and with full knowledge of its significance.

SIGNATURE of Parent/Guardian: _____ Date _____

E-mail Address: _____

FMI Contact Norway Parks & Recreation Director Deb Partridge at 743-6651 or parks@norwaymaine.com