

# NORWAY RECREATION AGE 4-6 SOCCER PROGRAM 2023

Thursday 5-5:45pm, September 14, 21, 28, October 5, 12, 19 At Lovejoy Farm Sports Complex

This will be an introduction to soccer skills & drills

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 September 7th**

PLEASE PRINT CLEARLY

Players Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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: \$30 residents/\$35 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:

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 Programmer Angie at 739-7050 or recintern@norwaymaine.com