



CASH \_\_\_\_\_ CHECK \_\_\_\_\_ # \_\_\_\_\_

**FEES:**

**BEFORE JUNE 30, 2017**

**Individual \$30.00**

**Family \$45.00**

**KINDERGARTEN \$15.00**

# **SOCCER 2017**

## **Games**

Kindergarten—SBES TBA (September)

1st Grade—SBES Saturdays (September)

2nd-3rd Grade—SBES Saturdays (September)

4th, 5th, 6th Grade—LRMS Saturdays (September)

**JULY 1, 2017**

**Individual \$45.00**

**Family \$65.00**

**KINDERGARTEN \$15.00**

Practice is once a week during the school week

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 \_\_\_\_\_