**Brownfield/Denmark Recreation 2017 Soccer Sign Up Form**

Any sign ups after this date may be waitlisted and/or charged a late fee

All teams are co-ed

All team member placement to be at the discretion of the Brownfield/Denmark Recreation Departments based on experience and age.

**Fee:** Rates are $30 for the first child and $20 for each additional sibling. Checks for Brownfield Residents should be made out to the Brownfield Rec Dept and checks for Denmark Residents should be made out to the Town of Denmark.

Complete this form to the best of your ability. If you have more than one child on the form, please specify differences.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shirt Size: \_\_\_\_\_\_\_\_\_\_\_\_

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

Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Okay to text: \_\_\_\_ On Facebook: \_\_\_\_ Interested in Coaching: \_\_\_\_

Best way to notify parents: (Circle all that apply) Home Phone Call Cell Text Cell Facebook Email

Concerns / Special Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information/Permission**

Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies/Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I give my permission to the Brownfield/Denmark Recreation Departments and their volunteers to seek medical treatments for my child/children listed above in case of an emergency or injury while at a Rec activity.

My signature below acknowledges the fact that, my child/children participate in the Brownfield/Denmark Recreation sports programs. My signature also grants my permission for my childs picture to be printed in the local newspapers, posted online, and/or used for other recreation related purposes.

I assume the risk of physical injury from my child/children participating in these programs, and I assume these risks, be they injuries, damages, or loss, regardless of severity. I further agree to waive and relinquish all claims against the Towns, including its officials, agents, volunteers, coaches, and employees. I have read and understand this important information warning of risk, including its assumption and waiver and release of all claims.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date