

# FALL REGISTRATION 2010

## MINI SOCCER

**FEE: \$20.00**

Child's Name \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

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

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Please complete the following:

Participant's name \_\_\_\_\_

I/We the parent(s) of the above named child hereby give my/our approval for the said child to participate in any and all activities of the Collingswood Recreation Program. I/We assume all risks and hazards incidental to such participation. I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless the Borough of Collingswood, the Board of Education, the organizers, supervisors, coaches, participants, and anyone else connected with the league from claims for accidents or illnesses arising from participation in the Collingswood Recreation Program.

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Parent Signature

Please Check:      Yes, I would like to help the program.