

Rec Soccer Registration Form – 2003

ABC Athletic Association, Inc.
(abcathletics.sportsoffice.com)

Participated last year? Yes / No (circle one)

PLAYER NAME _____ DATE OF BIRTH _____ M / F (circle one)

ADDRESS, TOWN & ZIP _____

SCHOOL _____ GRADE _____ HOME PHONE (_____) _____ Email _____

MOM _____ DAY PHONE(_____) _____ CELL(_____) _____ Email _____

DAD _____ DAY PHONE(_____) _____ CELL(_____) _____ Email _____

UNIFORM (circle size)

SHIRT: YS YM YL AS AM AL AXL SHORTS: YS YM YL AS AM AL AXL

VOLUNTEER

The quality and success of this program depends on YOU. Volunteer!!!

- 0 Head Coach 0 Assistant Coach 0 Uniform Coordinator
 0 League Coordinator 0 Trophy Coordinator 0 Photo Day Coordinator

Check the "☐" for the father, check the "0" for the mother.

MEDICAL INFORMATION

PHYSICAL LIMITATIONS _____

ALLERGIES TO MEDICATION _____

FAMILY PHYSICIAN _____ PHONE (_____) _____

MEDICAL INSURANCE CARRIER _____ POLICY # _____

In the event that the above-named child is injured and I cannot be reached in an **EMERGENCY**, I hereby give my permission to any physician to secure proper treatment for, and if required, to hospitalize, order injections, anesthesia or surgery for my child. Please notify:

1. _____ Phone (_____) _____ Relationship _____
2. _____ Phone (_____) _____ Relationship _____

WAIVER AND RELEASE

As the parent or legal guardian of the child named above, I hereby give my full consent and approval for my child to participate as a team member of the sport designated above. I also understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed above.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the ABC Athletic Association, Inc., the Townships of Camden & Rockport, and the SAD 40 Board of Education: their trustees, officers, employees, coaches, sponsors, supervisors, and representatives from any and all claims arising out of such injury that may be suffered by my child or myself as a participant or spectator in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

I also hereby give my permission for my child to be photographed during his/her participation in the sport, and for those pictures to be posted on the ABC website from time to time, so long as no contact information is posted. If I do NOT want my child's pictures posted, I understand it is MY responsibility to contact the Sport Program Director directly.

SIGNATURE (Parent or Guardian) _____ DATE _____

REGISTRATION FEES	Comments	Amt	Paid/Chk #
Recreational Soccer	Register by July 1 st	\$60	
	Register July 2 – July 31	\$85	
	Must register on time to have a uniform on opening day! No refunds after August 15, 2003		

Make one check payable to "ABC" and mail to: A.B.C., P.O. Box 553, Rockport, ME 04856