

# FUTSAL Soccer 2015

**(Cost: \$60/player; \$50/2<sup>nd</sup> + child in same family)**

Participant Release Form – Open to boys/girls, Ages 8 and up - T-shirts provided for all players.

*We regret that parent requests for placements may not be honored for this program. See flyer for details.*

Participant Name \_\_\_\_\_ DOB (required) \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Home phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Telephone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Telephone \_\_\_\_\_

Email: \_\_\_\_\_ Circle one: Child is Male Female

This is a recreation level soccer program consisting of games and practices involving a high level of physical activity. The program will take place on 5 Sundays and 1 Saturday at Pelham Elementary school gym generally. Parents are expected to arrange for transportation to and from practices or games for children. Program starts March 1. Ages 3-7 are offered Indoor Soccer as a separate registration.

Soccer poses a variety of risks to the children participating as a result of contact with the ball, other players, by the ground and by the strenuous level of activity. These risks include but are not limited to bumps, bruises, cuts, abrasions, broken bones, concussions, heart attacks and even death.

Because of the inherent risks and extensive physical activity involved in the game of soccer, we advise that all children participating be in good physical condition. Any limitations regarding their physical capabilities should be made known to the Pelham Parks and Recreation Department.

Participants must wear soccer shin guards at all times during participation in the Pelham Parks and Recreation Soccer program. It is highly recommended that all participants wear comfortable clothing to allow for high activity such as shorts or sweat pants. Other optional items are kneepads, mouth guards, elbow pads and protective cups and supporters. No prior knowledge or skills are required in order to take part in this program.

Please list any physical or other condition, medications the participant is taking, dietary restrictions, allergies, or other information which may be necessary and helpful to insure participants' health and safety:

I have read and understand the information provided above. I have noted any physical or medical conditions the participant has which might affect his/her participation. He/she meets the standards required for participation and will have the necessary equipment, which will be in good working condition. Net tank vests are provided for team identification. I assume all of the risks normally incidental to the nature of this activity, including risks which are not specifically foreseeable. I will follow the rules and regulations provided by the activity leaders/coaches/supervisors.

I, the undersigned, hereby agree to release, indemnify, save and hold harmless the Town of Pelham, the Parks and Recreation Dept., its employees, agents, representatives, coaches, volunteers, from any and all liability, actions, causes of actions, debts, claims or demands of any kind for property damage or personal injury resulting from failure to obey safety regulations and directions of the activity leader or resulting from the exercise of judgment by the leader in good faith response to emergencies and exigencies which occur during the activity; provided, however, that nothing contained herein shall excuse any of the leaders to act with reasonable care for the safety of the participant during the course of the activity appropriate to the circumstance.

You have my permission to have a physician attend to my son/daughter, if it is deemed necessary, during his/her participation in the above activity. I give my permission for any videotaping or other photographs taken in which my child/ren may appear and understand that Pelham Parks and Recreation may remove any child from the program as it deems necessary concerning the zero tolerance policy of appropriate behavior.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 2015. \_\_\_\_\_  
Parent/guardian signature

In case of emergency and the parents/guardians cannot be reached, please contact:

Name: \_\_\_\_\_ Relation \_\_\_\_\_  
Town/City/State \_\_\_\_\_ Telephone \_\_\_\_\_

I am interested in coaching my child's team: \_\_\_\_\_ YES I would like to be an assistant coach: \_\_\_\_\_ YES

FOR OFFICE USE:

\_\_\_\_\_ fee paid \_\_\_\_\_ check number

RT \_\_\_\_\_ WT \_\_\_\_\_