

Newton Kindergarten Soccer Fall 2009 Registration Form

(Kids entering Kindergarten in Fall 2009)

Child's Name: _____ Gender: M/F Date of Birth: _____

Parent's Name(s): _____

Address: _____ E-mail _____

Home Phone: _____ Public School District _____

If attending private elementary school, name of school _____

Are there kids your child would like as teammates? We will try to accommodate your requests. After the deadline, we place children on a space available basis.

1. Child's name: _____ School in fall: _____

2. Child's name: _____ School in fall: _____

I would like to volunteer to coach! (Name _____):

Head Coach Assistant Coach I am unable to volunteer

Payment (please make checks payable to "Zervas PTO")

Total Enclosed: \$ _____

<input type="checkbox"/> Registration Fee \$60	<input type="checkbox"/> Late Registration Fee (after August 12) add \$10
<input type="checkbox"/> Soccer Ball (size 3) add \$16	<input type="checkbox"/> Shin Guards (size x-small) add \$14

Please send this form and registration fee (including any equipment or late fees) by to: Kindergarten Soccer, 179 Allen Ave., Waban, MA 02468.

CONSENT AND RELEASE OF LIABILITY

RELEASE: I, the parent/guardian of the above named child, a minor (the "Child"), do hereby consent to the Child's participation in the Zervas Elementary School Parent Teacher Organization Kindergarten Soccer Program (the "Program"), including but not limited to, soccer activities, indoor/outdoor play, practices, games, clinics and matches offered by the Program. I acknowledge that there exists a certain degree of risk to the Child's health and safety from playing soccer and from the Child's participation in the Program, and that injuries, other complications, or death may result from such participation. In consideration of the Zervas Elementary School Parent Teacher Organization and its Program accepting the Child for participation in the Program, on behalf of myself and the Child, I do hereby forever release, acquit, discharge and covenant to hold harmless and indemnify the Zervas Elementary School Parent Teacher Organization, the Program, and each of their officers, directors, agents, coaches, committees, parent assistants, employees and all their associated personnel, of and from any and all claims, demands, actions, cause of actions, damages, costs, expenses, suits and/or all liability arising out of, or as a result of, the Child's participation in the Program.

PARENTAL RESPONSIBILITY: As parent/legal guardian of the Child, I understand that the Program is not a drop-off program and that a parent or other caregiver must remain with the Child at the proper designated field at all times.

EMERGENCY MEDICAL CARE: As parent/legal guardian of the Child, I hereby give my consent to the Zervas Elementary School Parent Teacher Organization and the Program (or any of their agents, employees or associated personnel identified above) to seek, obtain and provide emergency care for the Child in case of injury that occurs to the Child while the Child is participating in the Program or any Program-related activity.

Parent/Guardian Signature: _____ Date: _____

THIS FORM MAY NOT BE ALTERED OR AMENDED