

2010 SOCCER REGISTRATION FORM

SABATTUS RECREATION CLUB, P.O. BOX 690, SABATTUS, MAINE 04280-0690

SABATTUS RECREATION CLUB AND IT'S SOCCER DIRECTORS, TRACY AND RACHEL WOULD LIKE TO INVITE ANY PRE-K TO 6TH GRADER THE OPPORTUNITY TO PLAY SOCCER THIS FALL. WE ARE MAKING A FEW CHANGES FROM LAST YEARS PROGRAM SO KEEP AN EYE ON THE REC WEB SITE @ WWW.SABATTUSREC.COM AND CLICK ON THE "SOCCER" LINK TO GET ALL UPDATES.

TO REACH TRACY LABERGE, DIRECTOR, EMAIL SOCCER@SABATTUSREC.COM OR CALL 375-6534. TO REACH RACHEL RAC ,DIRECTOR, EMAIL SOCCER1@SABATTUSREC.COM OR CALL 375-8245

****REGISTRATION NIGHT IS FRIDAY, JUNE 11, 2010 FROM 5-7PM @ THE SABATTUS CENTRAL SCHOOL. ALL FORMS AND FEES *MUST* BE IN BY AUGUST 13, 2010. THE REGISTRATION FEE IS \$30.00 AND CAN BE MADE AND MAILED TO THE ADDRESS ABOVE. WE WILL NOT BE ACCEPTING LATE REGISTRATIONS THIS YEAR. ****

CLEATS AND SHIN GUARDS ARE REQUIRED FOR ALL AGES. MOUTH GUARDS ARE RECOMMENDED BUT IS UP TO THE DISGRESSION OF THE PARENT(S). WE WILL BE KEEPING THE SAME GRADE GROUPS AS LAST YEAR BUT WILL BE ADDING PRE-K BACK TO THE PROGRAM! SEE THE ATTACHED SHEET FOR ALL DETAILS.

WE WILL BE PARTICIPATING IN THE *BUTTER-BRAID FUNDRAISER* AGAIN THIS YEAR; WE WILL HAVE THE OPT OUT OPTION AVAILABLE FOR THE \$25.00, OR YOU ARE ASKED TO TRY AND SELL AT LEAST 2 BRAIDS PER CHILD. WE WILL HAVE A PRIZE FOR THE TOP SELLER IN EACH GRADE GROUP. REMEMBER THAT THE MONEY RAISED NOT ONLY SUPPORTS THE SOCCER PROGRAM, BUT THE ENTIRE REC CLUB ALSO.

PLAYER'S NAME _____
GRADE AS OF FALL 2010 _____
PARENT(S) NAME(S) _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
PHONE _____ CELL # _____
EMAIL _____
(EMAIL ADDRESSES WILL ONLY BE DISTRIBUTED TO COACHES, AND WILL BE USED FOR CONTACT ONLY)
DID PLAYER PARTICIPATE LAST YEAR? YES _____ NO _____
LAST'S YEAR'S TEAM AND/OR COACH _____
PLAYER SHIRT SIZE YS _____ YM _____ YL _____ AS _____ AM _____ AL _____ AXL _____
I AM WILLING TO: COACH _____ ASSIST _____ NYSCA CERTIFIED Y _____ N _____
OTHER _____

I, _____, GIVE PERMISSION FOR MY CHILD, _____, TO PARTICIPATE IN THE SABATTUS RECREATION CLUB SOCCER PROGRAM. I UNDERSTAND THE RISK INVOLVED IN ANY SPORT, AND AGREE TO ASSUME THESE RISKS. I RELEASE SABATTUS RECREATION CLUB, LEAGUE, COACHES, ASSISTANTS, REFREES, VOLUNTEERS, AND DIRECTORS FROM ANY LIABILITY DURING ALL PRACTICES AND GAMES. I AM AWARE THAT SABATTUS REC CLUB REQUIRES THAT EACH CHILD HAVE MEDICAL INSURANCE TO PARTICIPATE IN THIS PROGRAM. I UNDERSTAND THAT A PARENT /GUARDIAN OF EACH CHILD MUST BE PRESENT AT ALL TIMES DURING PRACTICES AND GAMES. SHOULD MY CHILD BE INJURED, I GIVE PERMISSION FOR APPROPRIATE FIRST AID TO BE GIVEN TO MY CHILD.

SIGNATURE _____ DATE _____

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