

2011 SOCCER REGISTRATION FORM

SABATTUS RECREATION CLUB, P.O. BOX 690, SABATTUS, MAINE 04280-060

SABATTUS RECREATION CLUB AND ITS SOCCER DIRECTOR, RACHEL, WOULD LIKE TO INVITE ANY SBATTUS OR WALES STUDENT AGES PRE-K TO 6TH GRADE, THE OPPORTUNITY TO PLAY SOCCER THIS FALL. WE WILL BE MAKING A FEW CHANGES FROM LAST YEARS PROGRAM SO KEEP AN EYE ON THE REC WEBSITE @ WWW.SABATTUSREC.COM AND CLICK ON THE SOCCER LINK TO GET ALL UPDATES.

TO REACH RACHEL RAC, DIRECTOR, E-MAIL SOCCER@SABATTUSREC.COM, ARENAC@AOL.COM OR CALL (207) 375-8245

****THERE WILL BE A REGISTRATION NIGHT WITH THE TIME AND DATE TO BE ANNOUNCED. ALL FORMS AND FEES MUST BE IN BY AUGUST 15, 2011. REGISTRATION FEES THIS YEAR ARE \$35.00 PER CHILD. REGISTRATIONS RECEIVED BETWEEN AUGUST 16, 2011 AND AUGUST 31, 2011 WILL HAVE A LATE REGISTRATION FEE ASSESSED OF AN ADDITIONAL \$10.00. THERE WILL BE NO REGISTRATIONS ACCEPTED AFTER AUGUST 31, 2011. ****

WE ARE CHANGING THE AGE GROUP BREAK DOWN AGAIN THIS YEAR. PLEASE SEE THE BACK OF THIS FORM FOR THE CHANGES BEING MADE.

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



PLAYER'S NAME _____
GRADE AS OF FALL 2011 _____
PARENT(S) NAME(S) _____
STREET ADDRESS _____ TOWN _____
PHONE _____ CELL# (MOM) _____ CELL# (DAD) _____
EMAIL _____

(EMAIL ADDRESSES WILL ONLY BE DISTRIBUTED TO COACHES, AND WILL BE USED FOR CONTACT AND UPDATES REGARDING SOCCER ONLY)

DID PLAYER PARTICIPATE LAST YEAR? YES _____ NO _____

LAST YEARS TEAM AND/OR COACH _____

PLAYERS SHIRT SIZE YS ___ YM ___ YL ___ AS ___ AM ___ AL ___ AXL ___

I AM WILLING TO: COACH _____ ASSIST _____ CO-DIRECT _____

LINE AND SET UP FIELDS _____ FIX NETS/ EQUIPMENT _____ OTHER _____

If you are willing to coach or assist are you NYSCA certified? yes _____ no _____

CONSENT FOR MEDICAL TREATMENT (MINOR) & RELEASE

AS THE PARENT OR LEGAL GUARDIAN OF THE ABOVE NAMED PLAYER, I HEREBY GIVE CONSENT FOR EMERGENCY MEDICAL CARE PESCIBED BY A DULY LICENSED Doctor of Medicine or Doctor of Dentistry. THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB, OR WELL BEING OF MY DEPENDENT. FURTHERMORE I, THE PARENT OR LEGAL GUARDIAN OF THE REGISTRANT, A MINOR, AGREE THAT I AND THE REGISTRANT WILL ABIDE BY THE RULES OF THE SABATTUS RECREATION CLUB SOCCER PROGRAM, AND ITS AFFILIATED ORGANIZATIONS AND SPONSORS. RECOGNIZING THE POSSIBILITY OF PHYSICAL INJURY ASSOCIATED WITH SOCCER AND IN CONSIDERATION FOR THE SABATTUS REC CLUB ACCEPTING THE REGISTRANT FOR ITS SOCCER PROGRAM AND ACTIVITIES, (THE PROGRAMS). I HEREBY RELEASE, DISCHARGE AND/OR OTHERWISE INDEMNIFY THE SABATTUS RECREATION CLUB, LEAGUE, COACHES, ASSISTANTS, REFREES, VOLUNTEERS, AND DIRECTORS AGAINST ANY CLAIM BY OR ON BEHALF OF THE REGISTRANT AS A RESULT OF THE REGISTRANT'S PARTICIPATION IN THE PROGRAM. 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 OF PARENT OR GUARDIAN _____ **DATE** _____