

Moreau Recreational and Instructional Coed Youth Soccer Application

Name _____ School _____

Address _____ Phone _____

AGE _____ Birth Date ____/____/____ Grade in Sept. 2010 _____
 Male _____ Female _____ EMAIL: _____ (NEXT FALL)

Years Rec League Experience _____ Years Travel/Competitive League Experience _____

Siblings playing this season (name and grade/age) _____

Does your child have any current conditions that limit his/her ability to participate in soccer?

If "Yes", please identify/explain any modification that would enable your child to participate:

Please provide information about allergies or medical conditions in case of an emergency (attach additional sheets if necessary):

I/We, the parent(s) of the above named child, give my/our approval for said child to participate in any and all Coed Youth Soccer activities, including transportation to and from the activities. I/We understand that participation in Coed Youth Soccer may result in serious injuries and that protective equipment does not prevent all injuries to players. I/We hereby waive, release, absolve, indemnify and agree to hold harmless the Town of Moreau, sponsors, participants, coaches and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or any other cause.

Parent(s) or Guardian(s) Signature _____

Name of Family Medical/Hospitalization Plan _____

	<u>Uniforms</u>						
	<i>Circle shirt size</i>						<u>Paid</u>
Shirt	Youth	Adult			Date:		
	S	S				Cash:	
	M	M				Check:	
	L	L				Amount:	

Make checks payable to "Town of Moreau"

Volunteer Information

Coaches are needed at all levels. No experience needed - just the desire to help our children learn to enjoy a team sport.

Child's Name:

Parent's Name: _____

Phone:

I am interested in volunteering for one or more of the following: Coach _____ Assistant Coach