



LUMBERTON RECREATION

Adult Outdoor Soccer

2010

Dates: August 4th – September 22nd

Time: 8:00 – 10:00 pm

Location: Municipal Soccer Fields

Fee: \$60.00

Players will need to wear shin guards to games and cleats are recommended

PLEASE PRINT:

Please circle gender: Female Male

Players Name _____

Mailing Address _____

Home Telephone _____

Cell Telephone _____ **Email** _____

Any physical restrictions/conditions? _____

Please **read/sign** In case of an emergency, I authorize the programs assigned personnel to administer first aid treatment and/or transport me to THE NEAREST Hospital if deemed necessary. I understand that in the event of an emergency, due to accidents beyond their control, **I hereby release Lumberton Department of Recreation, its supervisors, sponsors, employees and program volunteers, from all liability.**

SIGNATURE: _____ **DATE:** _____

DATE PAID _____ RECEIVED BY _____ CHECK# _____ AMOUNT\$ _____
