



LUMBERTON RECREATION PRE-SCHOOL OUTDOOR SOCCER FALL 2010

**Parents: Please
Circle a shirt size for
your child:**

YXS YS

YM YL

Fee: \$60 resident / \$ 70 non resident
Age: 3 to 5 year olds who are not entering K in the 2010/2011 school year.
Dates: Wednesday nights, September 15th through October 20th from
 5:30-6:15pm or 6:15 –7:00pm.
Location: Village Green
Registration Deadline: August 20, 2010

PLEASE PRINT!!! COMPLETE ADDRESS!!!!

Please check here if you do not wish to be included in our electronic Recreation Newsletter _____

Please pick a time slot: _____ 5:30-6:15pm **FILLED** 6:15-7:00pm

Players Name (print): _____ **Age** _____

Mailing Address: _____ **Birth date** _____

Email Address: _____

Gender (please circle): Male Female

Parent/Guardian Names: _____

Home Telephone: _____ **Work #:** _____

Cell Phone #1: _____ **Cell Phone #2:** _____

Players Physician _____ **Telephone #** _____

Emergency contact _____ **Telephone #** _____

Any physical restrictions or allergies? Please list: _____

I DO DO NOT (please circle) give permission to have my child appear in any media coverage of the Lumberton Recreation Soccer Program.

Please READ/SIGN _____ has my permission to participate in all activities of the above registered program. In case of emergency, I authorize the programs assigned personnel to administer emergency first aid treatment, transport my child to the nearest hospital if necessary, and notify me as quickly as possible. I understand that proper supervision is provided for all programs. However, in the event of an emergency due to accidents beyond their control, I hereby release Lumberton Department of Recreation, its supervisors, employees, sponsors and program volunteers, from all liability.

Parent/Guardian Signature

Date

I would like to volunteer to Coach _____ **Shirt Size** _____

Lumberton Township partnering with USA Soccer Academy.

*Please reference the website – <http://recreation.lumbertontwp.com> for *return check* and *refund policies*.

There is a \$20 return check fee.

DATE PAID _____

REC'D BY _____

CHECK# _____

AMOUNT\$ _____

SIBLING? _____