



LUMBERTON RECREATION PRE-SCHOOL 2010 *SPRING* INDOOR SOCCER

(revised from Outdoor Soccer – changed to indoors because of weather)

**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 currently in K for the 2009/2010 school year.
Dates: Wednesday nights, March 24th through May 5th from
 6:00-6:45 or 6:45 – 7:30pm. (no class April 7th)
Location: F. L. Wather School
Registration Deadline: March 17, 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: _____ 6:00-6:45pm _____ 6:45-7:30pm

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** _____

*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? _____