

City of Milford Spring Soccer Registration

Age Eligibility: Any child age 4 by December 31, 2015

Participant Information-----PLEASE PRINT LEGIBLY

NAME _____ ADDRESS _____

MALE _____ FEMALE _____ BIRTHDATE _____ AGE _____ CURRENT GRADE _____

DO YO FEEL YOUR CHILD IS AN AGGRESSIVE SOCCER PLAYER? ___ YES ___ NO

Parent/Guardian Information-----PLEASE PRINT LEGIBLY

PARENTS/GUARDIANS NAMES _____

MOM CELL PHONE _____ DAD CELL PHONE _____

PRIMARY E-MAIL ADDRESS _____

Emergency Contact Information-----PLEASE PRINT LEGIBLY

PERSON TO CONTACT, IF UNABLE TO CONTACT PARENT _____

CONTACT PHONE NUMBER _____ CONTACT RELATION _____

FAMILY DOCTOR _____ PHONE NUMBER _____

PLEASE LIST ANY MEDICAL CONDITIONS YOUR CHILD HAS THAT YOUR COACHES SHOULD BE AWARE OF:

*****VOLUNTEER COACHES ARE NEEDED FOR ALL AGES*****

YES! I WOULD LIKE TO COACH MY CHILD'S BALL TEAM

YES! I WOULD LIKE TO ASSIST MY CHILD'S BALL TEAM

****ALL VOULUNTEERS WILL BE SUBJECT TO A BACKGROUND CHECK****

VOLUNTEER NAME _____ CELL PHONE _____

PRIMARY E-MAIL _____

YES! I WOULD LIKE A T-SHIRT IN MY TEAM'S COLOR: SMALL MEDIUM LARGE X-LARGE OTHER _____

(COACHES WILL NOT ORDER THEIR SHIRTS ONLINE)

I, the parent/guardian of the above named participant, hereby give my approval of their participation in any and all of the activities of the Milford Recreation Department during the current year. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from activities. In case of injury to my child, I do further hereby release, absolve, indemnify, hold harmless and waive all claims against the Milford Recreation Department. I hereby give the Milford Recreation Coaches my permission to seek medical attention in the event of any injury to my child. I hereby state I have received and read the Concussion Fact Sheet from the Milford Recreation Department. I likewise release from any responsibility any of the coaches appointed by them and any person transporting my child to or from the activities.

SIGNATURE OF PARENT/GUARDIAN REQUIRED

DATE

PLEASE SEE REVERSE SIDE FOR MORE



UNIFORM

_____ No, my child does not need a new uniform for the 2016 season.

Our Shirt at home is BLUE_____ GREEN_____ ORANGE_____ PURPLE_____

PLEASE NOTE: YOUR CHILD WILL NOT BE GUARANTEED TO BE ON THE SAME COLOR TEAM
THEY WERE LAST SEASON

_____ YES! My child will need a new uniform for the 2016 season.

The website for ordering your child's t-shirt will be open Monday, March 7th - Friday, March 11th

All necessary information for ordering will be sent to you in an e-mail on March 4th. If you wish to order any parent/sibling t-shirts, please order them at the same time you order your child's uniform. Information regarding Uniform handout night will be given to parents at a later date.

PLEASE NOTE: It is the Parents/Guardian's responsibility to supply shin guards, socks and pants/shorts for their child(ren).

Registration Dates & Fees:

Registration Open February 1, 2016-February 19, 2016
Late Registration February 20, 2016-February 26, 2016

Registration Fee for all Ages: \$25.00
Family Max: \$60.00

An additional \$20 will be added to the registration cost for any soccer registrations received after February 20th, 2016.