

Windsor Recreation Department Preschool Soccer Registration Form

1st Session: Tuesday Nights

1 st Session	“Red Soccer”	(Tues. June 18 th – July 16 th)	(5:30pm-6:10pm)	<input type="checkbox"/> (\$25)
1 st Session	“Blue Soccer”	(Tues. June 18 th – July 16 th)	(6:15pm-6:55pm)	<input type="checkbox"/> (\$25)
1 st Session	“Orange Soccer”	(Tues. June 18 th – July 16 th)	(7:00pm-7:45pm)	<input type="checkbox"/> (\$25)

1st Session: Thursday Nights

1 st Session	“Yellow Soccer”	(Thurs. June 20 th – July 18 th)	(5:30pm-6:10pm)	<input type="checkbox"/> (\$25)
1 st Session	“Green Soccer”	(Thurs. June 20 th – July 18 th)	(6:15pm-6:55pm)	<input type="checkbox"/> (\$25)
1 st Session	“Purple Soccer”	(Thurs. June 20 th – July 18 th)	(7:00pm-7:45pm)	<input type="checkbox"/> (\$25)

2nd Session: Tuesday Nights

2 nd Session	“Red Soccer”	(Tues. July 23 rd – August 20 th)	(5:30pm-6:10pm)	<input type="checkbox"/> (\$25)
2 nd Session	“Blue Soccer”	(Tues. July 23 rd – August 20 th)	(6:15pm-6:55pm)	<input type="checkbox"/> (\$25)
2 nd Session	“Orange Soccer”	(Tues. July 23 rd – August 20 th)	(7:00pm-7:45pm)	<input type="checkbox"/> (\$25)

2nd Session: Thursday Nights

2 nd Session	“Yellow Soccer”	(Thurs. July 25 th – August 22 nd)	(5:30pm-6:10pm)	<input type="checkbox"/> (\$25)
2 nd Session	“Green Soccer”	(Thurs. July 25 th – August 22 nd)	(6:15pm-6:55pm)	<input type="checkbox"/> (\$25)
2 nd Session	“Purple Soccer”	(Thurs. July 25 th – August 22 nd)	(7:00pm-7:45pm)	<input type="checkbox"/> (\$25)

Participant’s Name _____ Birth Date _____ Sex: M / F

Parent(s)/Guardian(s) _____

Civic Address (House #) _____ Street Name _____

Mailing Address: _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

Special Health Considerations: (Please include allergies if any): _____

Emergency Contact: _____

Telephone #: (Home) _____ (Work) _____ (Cell) _____

Relation To Participant: _____

Health Information

Does the participant have a disability or require support? Yes ___ No ___

If yes, you are required to complete the Inclusion Support Information Sheet. Please note that if your child requires EA assistance at school, we do require that they have an adult or responsible teenager accompany them to camp.

Medication/Allergies

1. Does the participant require medication? Yes ___ No ___

If yes, please explain: _____

2. Does the participant have any allergies? (food/drug/environmental, etc) Yes ___ No ___
If yes, please indicate each and the treatment required: _____

3. Does the participant have a life- threatening allergy? (Anaphylaxis). Yes ___ No ___
If yes, please complete anaphylaxis action plan form.

4. Does the treatment for this allergy involve the use of an epi-pen? Yes ___ No ___

Medical Advice and Service

I, _____ hereby authorize staff to secure such medical advice and services as may be deemed necessary for the health and safety of the participant.

Date: _____ Parent/Guardian Signature: _____

I, THE ABOVE NAMED CANDIDATE FOR THE PROGRAM SELECTED ABOVE, ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO THE CONDUCT OF THE ACTIVITIES AND TRANSPORTATION TO AND FROM THE PROGRAM.

IT IS UNDERSTOOD AND AGREED THAT THERE IS RISK IN ANY PROGRAM AND THE TOWN OF WINDSOR, ITS STAFF AND ITS PROFESSIONAL AND NONPROFESSIONAL VOLUNTEERS AND ITS SPONSORS ARE IN NO WAY RESPONSIBLE FOR THE DAMAGE TO OR LOSS OF PROPERTY, INJURY OR DEATH TO PARTICIPANTS.

I, THE UNDERSIGNED, HEREBY REMISE, RELEASE AND FOREVER DISCHARGE THE TOWN OF WINDSOR, THEIR SUCCESSORS AND ASSIGNS, OF AND FROM ALL MANNER OF ACTIONS, CAUSES OF ACTION, DEBTS, ACCOUNTS, COVENANTS, CONTRACTS, CLAIMS AND DEMANDS WHICH I EVER HAD, NOW HAVE OR MAY HAVE OR WHICH, MY HEIRS, EXECUTORS, ADMINISTRATORS OR ASSIGNS OR ANY OF THEM HEREINAFTER CAN, SHALL OR MAY HAVE, FOR ANY REASON OF ANY CAUSE, MATTER OR THING WHATSOEVER.

I, THE UNDERSIGNED, FURTHER AGREE TO INDEMNIFY AND SAVE HARMLESS TO THE TOWN OF WINDSOR, ITS STAFF AND ITS PROFESSIONAL AND NONPROFESSIONAL VOLUNTEERS AND ITS SPONSORS FROM ALL CLAIMS, INCLUDING COSTS ON A SOLICITOR AND CLIENT BASIS, ARISING FROM ANY LOSS, INJURY OR DEATH SUFFERED BY ME ARISING OUT OF PARTICIPATING IN ANY RECREATIONAL PROGRAM OF THE TOWN OF WINDSOR.

I FURTHER GRANT PERMISSION TO THE USE OF PHOTOGRAPHS OF THE ABOVE NAMED CANDIDATE IN MEDIA ACCOUNTS AND PROMOTION FOR THE WINDSOR RECREATION DEPARTMENT

Date _____ Signature of Parent _____

REFUNDS FOR ALL WINDSOR RECREATION PROGRAMS WILL ONLY BE CONSIDERED IF ILLNESS OR INJURY ARE REASONS FOR CANCELLATION. A \$5.00 CANCELLATION FEE WILL BE CHARGED AND PROOF OF ILLNESS OR INJURY IS REQUIRED FROM YOUR DOCTOR.

Office Use Only

Amount: _____ Received By: _____ Date: _____.