TOWN OF GREENFIELD

SPRING SOCCER REGISTRATION 2018

Spring soccer will take place at the Middle Grove Town Park on Middle Grove Road. The program will run on Mondays and Wednesdays from 5:30 – 6:30 beginning on April 30th and ending on June 13th. The program focuses on skill development, games and a whole lot of fun. Children ages 4 – 14 are invited to attend. The program is divided in to two divisions by age and/or skill level.

Please Circle one: Division 1 Grade K-2 Division 2 Grade 3- 7

If your child is a returning player, please circle the group he/she was in previously.
New players will be assessed by their coaches and placed in the correct group after the first week of practice.

The registration fee is **$25 per child**. Please make checks payable to the Town of Greenfield. You can drop off signed forms and fees to the Town Hall or mail to: Rebecca Sewell, Greenfield Town Hall, PO Box 10, Greenfield Center, NY 12833. Scholarships are available. Contact Rebecca Sewell at (518) 893-7432 x307.

Childs Name: _____ DOB: _____ Age: _____

Address: _____

Parent/Guardian Name: _____ Cellphone: _____

Email: _____

As parent or legal guardian, I give full consent for the above named participant in the Greenfield Soccer Program. To my knowledge, he/she has no known disability, illness, or disease which may endanger his/her safety or the safety of others. I further release the Town of Greenfield, its officers, officials, property owners, coaches, referees, any volunteers, and other program participants or their families from liability as a result of personal and/or property damage incurred while participating in the soccer program

Parent/Guardian Signature: _____ Date _____

Without the support of parent volunteers, the program will not be able to proceed and a full refund will be issued. Please consider signing up to volunteer coach. You will be notified a week before the start date if soccer will be cancelled.

I would like to Coach: _____ Name:_____

AUTHORIZATION
FOR EMERGENCY TREATMENT OF MINORS

Name of Minor: _____ Birthdate: _____

I, Being the parent or legal guardian of the above minor do hereby appoint

The Town of Greenfield

(OR) Authorized Physicians of Hospital

to act on my behalf in authorizing emergency medical, dental, or surgical care and hospitalization for the above named minor during the period(s) of my absence.

This document will be presented to a physician, dentist, or appropriate hospital representative at such time as emergency, dental, surgical or hospitalization may be required.

Parent/ Guardian

Name (print): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Signature: _____ Date: _____

Witness

Name (print): _____ Signature: _____

Date: _____

HOSPITALIZATION COVERAGE FOR THE ABOVE NAMED MINOR

Name of Insurance Company: _____

Group Number: _____ Member Number: _____

Family Physician (Name): _____ Phone: _____

Known Allergies: _____

Last Tetanus Toxoid Booster: _____

Other Pertinent Medical Information (i.e. glasses, contact lenses): _____

_____

_____

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