



ROCHESTER YOUTH SOCCER REGISTRATION FORM

Rochester Recreation Department

Rochester, Vermont

Child's Last Name:	Child's First Name:	Date of Birth:	Grade this FALL:	Gender: (circle one) M F
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Parent 1			Parent 2		
Name (Last, First)			Name (Last, First)		
Address			Address		
City	State	Zip	City	State	Zip
Home #:	Work #:	Cell #:	Home #:	Work #:	Cell #:
E-Mail:			E-Mail:		

Emergency Contact Name/Phone # (other than parent):

Medical Conditions (please include allergies & medications that your child takes or mental health conditions we/coaches should know about):

Family Physician name/phone #	Hospital	Medical Insurance Carrier
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Release/Waiver Agreement

I am fully aware of the risk inherent and hereby give consent for the above named applicant(s) to participate in the program(s) offered by the Town of Rochester Recreation Department (RRD), and hereby release the RRD, any of its elected or appointed officials, instructors, coaches, or assistants from any and all liability from injuries, claims, costs, loss of services, expenses and/or damages which may be sustained by me or us or our minor children on account of his or her participation in said program or assorted activities and events.

Disabilities: RRD will provide reasonable accommodations to ensure that all of its programs are accessible to qualified individuals with disabilities who wish to participate. I understand it is my responsibility to notify the RRD of any disability that requires such accommodation, and if I do not, that I will hold the RRD harmless from injury or damages that may result from my failure to do so.

Consent of Treat: In case of an accident or illness, I hereby authorize RRD or its elected or appointed officials, instructors, coaches, or assistants to use his/her judgment in obtaining immediate Medical Care. (Parents will be notified in case of serious illness or injury as quickly as they can be reached, but this will make immediate treatment possible.)

Authorization (please print clearly)

Name: _____ Date: _____
 Parent Guardian

Signature: _____

Soccer Experience:

- _____ Never Played
 _____ 1-2 Years
 _____ 3+ Years
 _____ Summer Camps



Volunteer Needs:

- _____ Assistant Coach (AC)
 _____ Referee (REF)
 _____ Team Parent (TP)

This program cannot run without your help. Team Parents can help in many ways: Organizing the snack shack, fundraising, helping to drive teammates to practices and games, keeping the soccer bench from getting too squirrely, etc.

Registration Fee: Free for Pre-K-K, \$25 for grades 1-2, \$35 for grades 3-5, or \$50/family Checks payable to: Rochester Rec. Dept

Office Use Only:	Check# _____	Cash _____	Amount _____	Initials _____
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