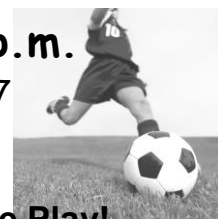




# Soccer Registration Bernardston Recreation Department 2017

## Sign up **Mon. Aug. 28, Fri. Sept. 1 5:30-7 p.m.**

at Town Hall, 38 Church St., Bernardston 01337  
or **drop off or mail now so you don't forget!**



**DEADLINE: We must have registrations for Gr. 3-6 by Sept. 1st for League Play!**

Please print all Information

*If under age 18:*

Participant Name(s)	M/F	Age	Date of Birth	Grade <i>See Below</i>	Shirt Size	Fee
1. _____	_____	_____	____/____/____	_____	_____	\$ _____
2. _____	_____	_____	____/____/____	_____	_____	\$ _____

**FEES:** Grades **PK-2** \$35 (no deadline). Grades **3, 4, 5+ 6** \$45 **by SEPTEMBER 1st.**  
Give **Shirt Sizes above (for each participant), Specify** Y (Youth) or A(Adult) Sm; Med; Lg; or XL  
(we cannot guarantee exact size or shirt availability for late signups; we may have a few extras) . **NO REFUNDS after September 1<sup>st</sup>.**

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ e-mail \_\_\_\_\_

\*Emergency Contact (Other than above) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\*Please let them know you are listing them & instruct them on what you want them to do in an emergency.

Relationship to Child \_\_\_\_\_ School \_\_\_\_\_



**VOLUNTEERS Please sign up on the back of this form.**



Primary Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Please list any allergies or any existing medical conditions that would affect his/her participation in this program: \_\_\_\_\_

Check \_\_\_ if you **DO NOT** give permission for your child(ren) to be photographed in this program for possible use in helping to promote our program or for press release.

**Waiver of Liability:** I/We the undersigned parent/guardian, give my/our permission for my/our child to participate in any and all activities included in the Bernardston Recreational Soccer program. I/We understand that not all coaches and recreational staff may be certified in CPR and First Aid and also may not have formal training in teaching and/or coaching method. I/We consent that in the event of an emergency, and in my/our absence, my/our injured child will be transported to the emergency room at Franklin Medical Center, or other medical facility as determined by emergency personnel, and consent to any and all medical treatment deemed advisable by the hospital staff. I/We understand and agree that the towns of Bernardston and Leyden, P.V.R.S. and its assigns, agents, employees, and any designated coach/instructor for this program will not be liable to me or my/our child for any claims, actions, suits or harm that may arise out of, or in any way related to, my/our child's participation in this recreational activity.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/2017

**OFFICE USE ONLY below this line. NO REFUNDS AFTER SEPTEMBER 1<sup>st</sup>.**

Amount Paid: \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Rec'd. By \_\_\_\_\_ Date: \_\_\_/\_\_\_/17



# Soccer!

**Sign up Mon. 8/28 or Fri. Sept. 1st, 5:30 to 7 p.m. at Town Hall, or Mail or drop off now so you won't forget: 38 Church St., Bernardston, MA. 01337**

**Grades 3 through 6 Deadline: Fri. Sept. 1<sup>st</sup>**

No deadline, grades pre-K through 2, but early signup is encouraged.

**Fees:** Pre-K-Gr. 2 \$35; Gr. 3-4 \$45; Gr 5-6 \$45.

**Grades 3-6: Your DEADLINE is Sept. 1<sup>st</sup> to enter teams in the Tri-County Recreation Youth Soccer League schedule !**

**Fill out other side** and bring to registration or mail with your check payable to Bernardston Recreation, **or** drop off at the Town Hall.

## **VOLUNTEERS NEEDED FOR**

- > Help to line fields and re-line or
- > Referees for Saturday morning



**Team Co-Coaches do minor field grooming Home Games (grade 5/6)**



**only):** High School and College students are encouraged to sign up to referee too.

We would like to pair a student with an adult ref. at each game. Sign up here & let us know how to contact you.

**Name(s)** \_\_\_\_\_

Please check all that apply:

**I would like to :**  **Coach Grades** \_\_\_\_\_  **Referee**  **Help With Fields**

**Email** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Check if you are Currently certified in:**  **First Aid**  **CPR**  **Other** \_\_\_\_\_  
*(not required)*

**Other information you'd like us to know:** \_\_\_\_\_

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**<<<< PLAYER REGISTRATION ON THE OTHER SIDE**

**THANK YOU! >>>>**

Questions: [rec@townofbernardston.org](mailto:rec@townofbernardston.org). ( Rec. Phone at Town Hall is 648-5416, very limited office hours)