



# Brentwood Recreation Department

1 Dalton Rd. Brentwood, NH 642-6400 ext. 20  
recreation@brentwoodnh.gov

For Office Use Only	
Paid	_____
Cash	___ Check _____
Date	_____

## 2013 Fall Soccer Registration

Please check one: **PreK/ Kindergarten** \_\_\_\_\_ **1<sup>st</sup> & 2<sup>nd</sup>** \_\_\_\_\_ **3<sup>rd</sup> & 4<sup>th</sup>** \_\_\_\_\_ **5<sup>th</sup>** \_\_\_\_\_  
(Must be 4yrs. by 9/1/13)

**Childs Name** (Print) \_\_\_\_\_ **Age:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **M / F**

**Address** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Parents Name** (Print) \_\_\_\_\_ **Alternative Phone:** \_\_\_\_\_

**Email Address** (please print clearly) \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Emergency Phone Number(s)** \_\_\_\_\_

**Doctor** \_\_\_\_\_ **Doctor's Phone** \_\_\_\_\_

**Medical Conditions/Allergies:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

I, \_\_\_\_\_, individually as a parent or guardian of \_\_\_\_\_ do hereby give my consent to his/her participation in activities of Brentwood Youth Sports and further release the Brentwood Recreation Dept., The Brentwood Recreation Commission, the Town of Brentwood and their agents from all claims, demands of chance on account of any and all injuries to persons or property that may result by virtue of said minor's participation in said activities.

To person herein described has permission to engage in all prescribed activities except as noted by me or my physician and so enclosed. I authorize an adult to consent to, in my absence, an X-Ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the person herein, at a recognized medical facility under the general or special supervision of a licensed physician or surgeon.

I agree that in case of accident, emergency medical care may be given by ambulance rescue squad, coaches or other trained personnel. Whoever is transporting my child to and from games will not be held responsible for any injury sustained while in transit.

**Parent/ Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### Volunteers Needed!

**Coach** \_\_\_\_\_

**Asst. Coach** \_\_\_\_\_



Player Shirt Size: (please circle) Youth S M L Adult S M L

**Sign-Up Fee is \$35/child** (max. \$80/per family)

Checks payable to: BRC

**Deadline for sign-up is Monday, August 19<sup>th</sup>.** Registrations received after deadline is subject to team availability.