



Brentwood Recreation Department

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

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

2014 Fall Youth Soccer Registration

Please check one: **PreK/ Kindergarten** _____ **1st & 2nd Grade** _____ **3rd, 4th, 5th Grade** _____
(Must be 4yrs. by 9/30/14)

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** _____

Please consider volunteering with our soccer program as either a coach or helping as a coaching assistant.



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 18th. Registrations received after deadline is subject to team availability.

Comments: _____