



FISHKILL RECREATION

793 Route 52, Fishkill, NY 12524 ~ tel. 845.831.3371 ~ fax 845.831.3169 ~ www.fishkillrecreation.com

SUMMER SOCCER



REGISTRATION FORM

Player's Name, First & Last _____

Address _____

Town _____ Zip _____

Home Phone _____ Shirt Size _____

Sex: (M) (F) DOB: _____ Age _____ Grade _____ Resident
(Y) (N)

Emergency Contact Name: _____ Phone _____

PARENT INFORMATION:

Mother Name: _____ Cell _____

Mother's Email _____ Interested in coaching: _____

Father's Name: _____ Cell _____

Father's Email _____ Interested in coaching: _____

As the parent/legal guardian of the participant in the program listed, I recognize and acknowledge that there are certain risks of physical injury. I agree to assume the full risks of any injuries, damages, or loss that I sustain as a result of such participation. I further understand the Town of Fishkill does not provide accidental medical coverage, and it is my responsibility to provide appropriate coverage. I agree to waive and relinquish all claims and hold harmless the Town of Fishkill, the Recreation Department, and any officers, agents, and employees of the Town of Fishkill from any and all claims.

Parental Signature _____ Date _____

<p><i>For office use only:</i> Paid _____ Check # _____ Cash _____</p> <p>Receipt # _____ Date _____</p>
