

2010 SOCCER ENTRY FORM

Date _____

Registration July B August 11 Late fee \$10.00.

NO REQUEST FOR U8 & U10! PLAYERS WILL BE DRAFTED

(Draft Aug 17)

____ U6 -\$40.00

____ U8-\$45.00

____ U10- \$50.00

NAME AGE DATE OF BIRTH

PARENT=S NAME (Both) (Home) TELEPHONE (work) (Cell)

MAILING ADDRESS CITY ZIP

School Attending

Year of Soccer

WOULD YOU LIKE TO BE A COACH? _____

Email Address: _____

PAID (Cash or check) RECEIPT NO.

Payable to: Brookhaven Recreation Dept.

SHIRT SIZE:

YOUTH X-SMALL
YOUTH SMALL
YOUTH MEDIUM
YOUTH LARGE
YOUTH X-LARGE
ADULT SMALL
ADULT MEDIUM
ADULT LARGE
ADULT X-LARGE

SHORT SIZE:

YOUTH X-SMALL
YOUTH SMALL
YOUTH MEDIUM
YOUTH LARGE
YOUTH X-LARGE
ADULT SMALL
ADULT MEDIUM
ADULT LARGE
ADULT X-LARGE

Sample sizes are available at BRD office

A players age on August 1, 2010 determines the age of classification

Under 10 are players who are 8 & 9

Under 8 are players who are 6 & 7.

Under 6 are players who are 4 & 5.

Sponsor Fee: \$200.00

OVER

RELEASE BY PARENT OR GUARDIAN

I _____, AM THE NATURAL PARENT AND/OR

PARENT
GUARDIAN OF THE MINOR CHILD _____ WHOSE

BIRTHDAY IS child _____.
BIRTHDAY

BY VIRTUE OF AND IN CONSIDERATION OF THE CITY OF BROOKHAVEN AND ITS
DEPARTMENT OF RECREATION ALLOWING MY MINOR CHILD TO PARTICIPATE
IN THE FOLLOWING RECREATIONAL ACTIVITY, TO-WIT:

SOCCER

I DO HEREBY, ON BEHALF ON MY MINOR CHILD, RELEASE SAID CITY AND
DEPARTMENT FROM ANY RESPONSIBILITY FOR ANY HARM OR INJURY, (OR
ANY LIABILITY WHICH MAY RESULT THEREFROM) WHICH SAID CHILD MAY
EXPERIENCE OR SUFFER FROM WHILE PARTICIPATING IN OR ATTENDING A
RECREATIONAL ACTIVITY SPONSORED, OPERATED OR CREATED BY SAID CITY
AND DEPARTMENT.

I FURTHER RECOGNIZE AND ACKNOWLEDGE THAT THE SAID CITY AND
DEPARTMENT WILL PROVIDE NO HEALTH AND ACCIDENT INSURANCE FOR MY
CHILD TO COVER MY CHILD FROM BODILY INJURY HE/SHE MAY SUFFER WHILE
PARTICIPATING IN THE CITY AND DEPARTMENT RECREATIONAL ACTIVITIES.

I HAVE READ AND UNDERSTOOD THE ABOVE RELEASE AND AGREE TO ITS
TERMS.

SIGNED _____

DATE _____