2020 SPRING SOCCER ENTRY FORM

Registration De	ecember 1- January	17	Deadline January 1	7	Date		
U6	U8	U10	U12	Draft-January 23		FEE:\$45.00	
NAME			AGE (As	of 8-1-19)		DATE OF BIRTH	
PARENT'S	S NAME (Both)		(Home)	TELEPHONI	(work)	(Cell)	
MAILING	ADDRESS		CI	ΓΥ	ZIF)	
School A	ttending		Grade En	tering		Year of Soccer	
WOULD YOU LIKE TO BE A COACH? Did you play Fall Soccer?							
PAID (Cash or check) \$45.00 RECEIPT NO.							
Payable to: Brookhaven Recreation Dept Circle size below:							
T-SHIRT SIZE: (Dri-fit shirts)							
Youth X-Small							
YOUTH SMALL Must have 4 teams per group to make a league. Play 6 games.						6 games.	
YOUTH MEDIUI	М		Τι	uesday and Thursday	for 3 wee	eks in February	
YOUTH LARGE							
YOUTH X-LARGE (only in some colors)							
ADULT SMALL ADULT MEDIUN	4						
	VI	Sai	mnle sizes are av	ailable at RPD office			
ADULT LARGE Sample sizes are available at BRD office. ADULT X-LARGE							
A players age on August 1, 2019 determines the age of classification							
Under 6 are players who are 4 & 5.				Under 8 are players who are 6 & 7.			
Under 10 are players who are 8 & 9.				Under 12 are players who are 10 & 11.			

OVER

RELEASE BY PARENT OR GUARDIAN

I	I, AM THE NATURAL PA	RENT AND/OR
	PARENT	
	GUARDIAN OF THE MINOR CHILD	WHOSE
	CHILD	
	BIRTHDAY IS child	<u>_</u> .
	BIRTHDAY	
	BY VIRTUE OF AND IN CONSIDERATION OF THE CITY OF E	BROOKHAVEN AND ITS DEPARTMENT
	OF RECREATION ALLOWING MY MINOR CHILD TO PARTICI	PATE IN THE FOLLOWING
	RECREATIONAL ACTIVITY, TO-WIT: SPRING SOCCE	R
	I FURTHER RECOGNIZE AND ACKNOWLEDGE THAT THE SA	AID CITY AND
	DEPARTMENT WILL PROVIDE NO HEALTH AND ACCIDENT	INSURANCE FOR MY
	CHILD TO COVER MY CHILD FROM BODILY INJURY HE/SH	E MAY SUFFER WHILE
	PARTICIPATING IN THE CITY AND DEPARTMENT RECREAT	ONAL ACTIVITIES.
	I HAVE READ AND UNDERSTOOD THE ABOVE RELEASE AN	ND AGREE TO ITS
	TERMS. THE RECREATION DEPARTMENT HAS PERMISSIO	N TO USE ANY PHOTOGRAPHY
	DURING THE ACTIVITIY FOR PUBLICITY PURPOSE.	
	SIGNEDDATE	