Registration Ja	anuary – February 1, 20	)23(Deadline)	Date	
-	U8		U12	<b>FEE: \$50.00</b>
	Age 6-7			No sponsors
	No Request FC	DR U8, U10, U12	2! Players will b	e drafted
NAME		AGE(As of Au	gust 1, 2022)	DATE OF BIRTH
PARENT	S NAME (Both)	(Home) TEI	LEPHONE (wo	rk) (Cell) (text)
MAILIN	G ADDRESS	CITY	ZIP	EMAIL ADDRESS
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SCHOOL	L ATTENDING	G GRA	ADE YE	AR OF SOCCER
WOULD (Only head c	YOU LIKE T	O BE A COA half price)	CH?WHA'	Γ AGE GROUP?
WOULD (Only head c	YOU LIKE T	O BE A COA half price)	CH?WHA'	
WOULD Only head c IS THERE	YOU LIKE T	O BE A COA half price)	CH?WHA' GE GROUP?	Γ AGE GROUP?
WOULD Only head c IS THERE PAID PAID	YOU LIKE T coach for first child A SIBLING IN	O BE A COA half price) THE SAME AC RECEIP	CH?WHA' GE GROUP? T NO.	Γ AGE GROUP?
WOULD Only head c IS THERE PAID PAID	YOU LIKE T coach for first child A SIBLING IN (Cash or check) : Brookhaven F	O BE A COA half price) THE SAME AC RECEIP Recreation Dept. T- SHIRT	CH?WHA' GE GROUP? T NO. <i>T- SH</i> SIZE: (Dri-fit sl	Г AGE GROUP? NAME HIRTS ONLY
WOULD Only head c IS THERE PAID PAID	YOU LIKE T coach for first child A SIBLING IN (Cash or check) : Brookhaven F	O BE A COA half price) THE SAME AC RECEIP Recreation Dept. T- SHIRT YOU	CH?WHA GE GROUP? T NO. <i>T- SH</i>	Г AGE GROUP? NAME HIRTS ONLY
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## **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. THE RECREATION DEPARTMENT HAS PERMISSION TO USE ANY PHOTOGRAPHY TAKEN FOR PUBLICITY PURPOSES. I HAVE READ AND UNDERSTOOD THE ABOVE RELEASE AND AGREE TO ITS TERMS.

SIGNED \_\_\_\_\_\_DATE\_\_\_\_\_