

Maynard Recreation Coed High School Age Futsal (soccer) Registration

Name _____ Grade _____, Male / Female

Address _____ Phone _____

Email Address _____

Session info: Sundays 6 to 8 pm, Nov 28th thru March 13th. 15 weeks, pick up style games, teams made up upon arrival each week.

Registration Fee: \$25.00

Make checks payable to “**Maynard Recreation**”.

Checks may be mailed to:

Recreation Dept.

195 Main St.

Maynard MA 01754

Refund Policy: 100 % refund due to injury or illness with doctors note, others \$10.00 fee non-refundable.

Does your child have any limitations, allergies or medical conditions that his/her coach should know about? _____ If yes, please explain:

In case of emergency please contact:

Name _____ Phone _____

Cell phone _____

We the parents/guardians of _____ permit our child to participate in the above mentioned Maynard Recreation Program. For and in consideration of the Recreation Commission of the Town of Maynard sponsoring the above activity we agree to and do hereby release and forever discharge the Town of Maynard, The Recreation Commission thereof and its employees/volunteers from and against any and all liability, demands and claims for loss and damage resulting from and in any manner arising out of injury or damage which may be sustained by this child on account of his/her participation in the Recreation Program. We also permit photo's taken of our child in Recreation Programs to be used by the Recreation Commission for advertisement purposes unless checked off "NO" below.

Parent/Guardian signature _____ Date _____

Photo Permission: NO _____.

(Official use below)

Check# _____, Bank _____, Cash _____, Date _____