

FARMINGTON RECREATION...NOW MORE THAN EVER

2010 FALL SOCCER

WHO: CHILDREN ENTERING GRADES K - 8 (AGE 14) ARE ELIGIBLE (RESIDENTS ONLY)

WHEN/WHERE: GAMES ARE HELD ON SATURDAYS, SEPTEMBER 11TH - OCTOBER 30TH BETWEEN 9:00 A.M. AND 5:00 P.M. AT TUNXIS MEAD PARK.

PRACTICES ARE HELD ONCE PER WEEK AT VARIOUS TIMES AND LOCATIONS.

NOTE: PLAYERS WILL BE NOTIFIED OF THEIR TEAM ASSIGNMENT BY THEIR COACH PRIOR TO THE FIRST PRACTICE.

FEE: Ind. FEE: \$ 70.00 (RESIDENTS ONLY)
Family FEE: \$175.00 (3 OR MORE CHILDREN)



PLEASE MAKES CHECKS PAYABLE TO: TOWN OF FARMINGTON

TRAVEL SOCCER: TRAVEL SOCCER PARTICIPANTS ARE REQUIRED TO REGISTER WITH THIS FORM.

REGISTRATION PERIOD: MAY 1ST - JUNE 18TH

ONLINE REGISTRATION IS NOT AVAILABLE. REGISTRATIONS RECEIVED AFTER JUNE 18TH WILL ONLY BE ACCEPTED AT THE DISCRETION OF OUR SOCCER COORDINATOR, AL BELL.

SOCCER REGISTRATION INFORMATION

- 1. Please use a separate registration form for each participant. The waiver form must be signed in order to be registered.
2. Please make checks payable to: Town of Farmington. One check may be used to register for more than one program/participant.
3. Payment must accompany registration/waiver form.
4. Farmington Recreation Division, 7 Westwoods Drive, Farmington, CT 06032 Phone: 860.675.2540 Fax: 860.675.2544

2010 FALL SOCCER REGISTRATION & WAIVER FORM

I recognize that there are risks of injury involved to members of my family participating in recreational activities conducted by the Town of Farmington. Therefore, in consideration of the Town of Farmington conducting recreational activities and enrolling members of my family in such activities or permitting members of my family to participate in such activities, I do hereby, on behalf of myself and all members of my immediate family, release the Town of Farmington and its employees and agents from all liability with respect to an injury received by me or any member of my family arising from such activities.

Participant Name: Date of Birth: () Boy () Girl

Address: Town: Zip Code:

Telephone (home): (work): (cell):

School: Grade (Fall 2010): Does the participant play on a travel team? () Yes () No

Parent/Guardian Name: Email:

Parent/Guardian Signature: Date:

Credit Card Number: EXP Date: () Check () Cash

Medical Information

Please list any condition of which the supervisor/instructor should be made aware of in order to understand and better serve your individual need(s).

Condition:

PLEASE CHECK IF YOU ARE INTERESTED IN EITHER OF THE FOLLOWING: () COACH () ASSISTANT COACH

NAME: PHONE:

THE FARMINGTON RECREATION DIVISION REQUIRES THAT ALL NEW COACHES COMPLETE A VOLUNTEER COACH'S APPLICATION.