

2016 FALL SOCCER

P A R T I C I P A N T I N F O R M A T I O N			
Child's Last Name:	Child's First Name:		
Mailing Address:	Phone #:	Age:	Grade:
Street Address:	Town:		Zip:
e-mail address:		T-Shirt Size _____	

P A R E N T / G U A R D I A N I N F O R M A T I O N		
Parent/Guardian # 1 _____	Phone #s: Cell	Work
Parent/Guardian # 2 _____	Phone #s: Cell	Work
Emergency Contact Person:	Phone #	

EMERGENCY INFORMATION
Please list any medical issues, such as allergies, medication, or injuries that we should be aware of: IF NONE – PLEASE STATE NONE

VOLUNTEER INFORMATION		
I am willing to be a:		
Coach _____	Assistant Coach _____	Concession Worker _____
Referee _____	Timekeeper _____	Scorekeeper _____
Name: _____	Phone # _____	
Name: _____	Phone # _____	

**Late Fee of fifteen dollars (\$15.00) charged after
September 6, 2016**

BELOW TO BE FILLED OUT BY RECREATION STAFF

League fee \$40 _____	Out of Town Fee \$35.00 _____	Check Rec'd \$ _____
PRE-SCHOOL	Late Fee \$15.00 _____	Check Number _____
(Pee Wee 3-4 year olds)		Cash Rec'd \$ _____
Clinic Fee \$40.00 _____	TOTAL DUE _____	

Photo Release	
I grant to Hollis Recreation, its representatives and employees the right to take photographs of my child in connection with Recreation Programs. I authorize Hollis Recreation, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Hollis Recreation may use such photographs of my child for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.	
I do: ____ I do not ____	Parent/Guardian Signature _____