Chambersburg Recreation Department 6th-9th Grade Fall Soccer League

Participant's Name			M	F Grad	leDOB		Age	
Email Address		Phone						
Address			City			Zip		
Please Circle Township in which you	reside: Borc	Greene	Guilford	Hamilton	Letterkenny	Lurgan	Other	
Parent or Guardian Name:			Ph	one:				
Are there any medical conditions or i	medications of	which we sl	hould be awa	re? If yes, p	lease explain.			
		Waiver / Pe	rmission Slip	<u> </u>				
This form grants		(participant	c's name) per	mission to p	articipate in th	e Chamber	sburg	
Recreation Department's 6th-9th Grac	<u>le Fall Soccer L</u>	<u>eague</u> . I am	aware that t	his type of re	ecreational acti	vity may re	sult in injury	
I (we) agree that the Borough of Cha	mbersburg, its	representat	ives and/or o	other organi	zations and ind	ividuals co	nnected with	
sponsoring or conducting this event	will not be held	d liable for a	ny injury tha	t may occur.				
Parent or Guardian Signature				Date				
		<u>Photo</u>	<u>Release</u>					
I,, give	my permission	to the Chan	nbersburg Re	creation De	partment to us	e photogra	phs of my	
child or myself for the purpose of ad	vertising and p	romotion.						
Parent or Guardian Signature								
6 th -9 th Grade Fall Soccer League	<u>Day: Da</u>	te:		Time:		Reg. Dea		
6'-9' Grade Fall Soccer League	Sat 9/2	15-11/3		begins	at 9:00 AM	0/31		
Cost: \$55 / \$45 Borough Resident								
Shirt Size: Youth Sizes - L	Adult Size	<u>es</u> – S	M L XL (Please Circ	le)			
Has your child participated in this	s league in th	e past? Y	ES or NO	(Please Circ	cle)			
Coach Request (first come, first s		will contact vo	ou if we cannot	honor vour rea				
		·	and the confidence	your req				
Parent's, volunteer coaches	<u>are needed</u>	<u>!</u>						
Yes, I am willing to coach		No, I wi	ll be unable	to coach		I am willin	ng to assist	

Return Form with Payment to: Chambersburg Recreation Department 235 S. 3rd St., Chambersburg, PA 17201