

# Chambersburg Recreation Department Youth Indoor Soccer League – Individual Registration

Participant's Name \_\_\_\_\_ M \_\_\_ F \_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Please Circle Township in which you reside: Boro Greene Guilford Hamilton Letterkenny Lurgan Other

Parent or Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Are there any medical conditions or medications of which we should be aware? If yes, please explain.

### Waiver / Permission Slip

This form grants \_\_\_\_\_ (participant's name) permission to participate in the Chambersburg Recreation Department's Youth Indoor Soccer League (K-8<sup>th</sup> Grade). I am aware that this type of recreational activity may result in injury. I (we) agree that the Borough of Chambersburg, its representatives and/or other organizations and individuals connected with sponsoring or conducting this event will not be held liable for any injury that may occur.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Photo Release

I, \_\_\_\_\_, give my permission to the Chambersburg Recreation Department to use photographs of my child or myself for the purpose of advertising and promotion.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

	<u>Day:</u>	<u>Date:</u>	<u>Time:</u>	<u>Reg. Deadline</u>
<b>Indoor Soccer League</b>				
<b>K-2<sup>nd</sup> Grade</b>	Sat	1 <sup>st</sup> Practice 12/8	Begins at 9:30 AM	11/13
<b>3<sup>rd</sup>-5<sup>th</sup> Grade</b>	Sat	1 <sup>st</sup> Practice 12/8	Begins approx. 11:30 AM/12 PM	11/13
<b>6<sup>th</sup>-8<sup>th</sup> Grade</b>	F	1 <sup>st</sup> Practice 12/7	Begins at 5:30/6:00 PM	11/13

**Cost:** \$69 / \$59 Borough Resident

**Shirt Size:** Youth Sizes – S M L      Adult Sizes – S M L XL (Please Circle)

**Has your child participated in this league in the past? YES or NO (Please Circle)**

**Coach Request (first come, first serve)** \_\_\_\_\_

We will contact you if we cannot honor your request.

### **Parent's, volunteer coaches are needed!**

\_\_\_\_ Yes, I am willing to coach      \_\_\_\_ No, I will be unable to coach      \_\_\_\_ I am willing to assist

**Return Form with Payment to:** Chambersburg Recreation Department  
235 S. 3<sup>rd</sup> St., Chambersburg, PA 17201