

Sunapee Recreation

Date: _____ Activity: Fall Soccer

Name: _____ age: _____ DOB: _____

Address: _____

Male: _____ Female: _____ Grade: _____ (in the fall)

Father _____ Home _____ Work _____ Cell _____

Mother _____ Home _____ Work _____ Cell _____

Emergency

Contact: _____ Home# _____ Work# _____ Cell# _____

Any special medical info _____

E-Mail Address _____

Medical release form

I give my permission for my child, _____ to participate in the Sunapee Recreation department soccer activity as part of the Merrimack Valley Soccer league and hereby authorize the Sunapee Recreation Dept staff to arrange medical or surgical care for my child in any emergency which may occur during a Sunapee Recreation sponsored program if I am unable to be reached by telephone, etc.

Responsibility: Neither the Sunapee Recreation Department any master, any coach, nor can anyone else assume responsibility for possible accidents .Sunapee soccer does carry medical and accident insurance through the Merrimack Valley soccer league. Questions regarding insurance can be answered by the Recreation director.

Signature of Parent _____

Prints parents name _____

Volunteers needed:

Name: _____

Coach

Asst. Coach

Referee

Cost: \$25 for first child, \$20 for each additional

Please return to Town hall or Sunapee Recreation, 23 Edgemont Rd, Sunapee, NH, 03782

Deadline to sign up: Aug 1st