

**Soccer
ACTON REC**

**Pre-K to 8th Grade
(Age 14 and Under)**

Please make checks payable to "Acton Recreation"

RETURN FORM AND REGISTRATION FEES TO THE
ACTON TOWN HALL

For Rec Use Only:

Rec'd \$ _____ Check ___ Cash ___ Other ___

For Coaches:

Color: _____ Number: _____

Registration Deadline: July 19th

**Registration Fees: \$20 Per Player
(\$50 max per family before late fees)**

Athlete's Name: _____

Gender: Male _____ Female _____

Age: _____ **DOB:** ___/___/_____

Grade: _____

Youth Uniform / T-Shirt Size:

XS ___ S ___ M ___ L ___ XL ___

Parent / Guardian: _____

Address: _____

Town: _____

Phone: _____

Email: _____

___ Opt in for emails from Acton Recreation

Are you willing to travel to Wells and other towns? (For athletes grades 3-8)

Yes ___ No ___ Not Applicable ___

I would like to volunteer for: Coach ___ Assistant Coach ___ Ref ___ Concessions ___

I consent to the use of images or videos of my athlete on Acton Rec social media accounts and website ___

Registration Rules: Age eligibility is determined by the Acton Elementary School placement policy. Placement of players in a particular age group is at the discretion of the Program Director with the safety of all players being our utmost responsibility; years of experience and demonstrated ability will be considered in the decision-making process. All participants are **encouraged** to carry health insurance. Players participate at their own risk. A Medical/Emergency information form **MUST** be filled out and submitted along with this registration form.

The undersigned, individually and in his/her capacity as parent or guardian of the minor child participant, acknowledges and agrees as follows:

"I acknowledge there may be dangers and risks inherent to participants in the Program and that there are certain risks of physical injury. I personally recognize and appreciate that such hazards and risks exist. I accept and assume full responsibility for all harm and injury, of every nature, including death damages or loss, regardless of severity, which I or my child may sustain, and for all damaged or loss to any personal property owned by me or damaged by me or my child, as a result of participating in any and all activities connected with or associated with such program. I agree to indemnify, hold harmless, and release the Town of Acton and the Acton Recreation Department and their officers, agents, servants, volunteers, and employees from and against any and all claims, demands, actions or damage to personal property of others caused by me or my child, which may occur or result directly or indirectly from my or my child's participation in the Program INCLUDING AS A DIRECT RESULT of any negligent act of the Town of Acton or Acton Recreation Department, their officers, agents, servants, volunteers, and employees.

This release and assumption of risk shall be construed and interpreted pursuant to the laws of the State of Maine, and if any portion thereof is held invalid, void, unenforceable or illegal, the remainder shall continue in full force and effect."

Parent / Guardian Signature

Date

Medical Form

ACTON REC

Athlete's Name: _____

Gender: Male Female

Age: _____ **DOB:** ____/____/____

List any known allergies to medications:

List any other known allergies (i.e., bee stings, peanuts, etc.):

Family Physician: _____

Phone: _____

Parent / Guardian: _____

Phone: _____

Parent / Guardian: _____

Phone: _____

If a Parent / Guardian is unavailable:

Emergency Contact: _____

Phone: _____

Relationship to Athlete: _____

Insurance Carrier: _____

Policy Number: _____

Group Number: _____

If I cannot be reached in an emergency, I hereby consent for a qualified physician or surgeon to examine, diagnose, and to prescribe or perform treatment (including surgery) that is deemed advisable for the welfare of the named above participant. I further understand all risks to my child while involved in sports activities and will not hold Acton Recreation or its agents responsible for any possible injury resulting from their participation in Acton Recreation activities.

I understand this informed consent form and agree to its conditions on behalf of my child/self.

Parent / Guardian Signature

Date