



# AMARANTH RECREATION ~ 2011 SOCCER LEAGUE



Wednesday Evenings ~ 6:30 pm - 8:00 pm

June 1st, 2011 to August 10th 2011

BBQ & Awards Banquet - August 17th, 2011 @ 6:30 pm

**\*\*To Be Filled Out in Duplicate\*\***

Family Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Contact Phone Numbers: \_\_\_\_\_

Child's First Name	Gender (Circle)		DOB (Month/Year)	Shirt Size		Returning Player		Medical Condition
	Male	Female		Youth	Adult	Yes	No	
				S M L XL				
				S M L XL				
				S M L XL				
				S M L XL				

I GIVE MY CHILD FULL PERMISSION TO PARTICIPATE IN THE GAMES AND PRACTICES WHICH ARE SPONSORED BY THE TOWNSHIP OF AMARANTH RECREATION COMMITTEE AND I AGREE NOT TO LEAVE MY CHILD UNATTENDED AT ANY TIME DURING THESE ACTIVITIES.

I AGREE TO EXEMPT THE AMARANTH RECREATION COMMITTEE AND THE TOWNSHIP OF AMARANTH FROM ANY LEGAL RESPONSIBILITY OF INJURIES AND ACCIDENTS WHICH MAY OCCUR DURING THESE ACTIVITIES.

### AS A PARENT, I WOULD LIKE TO PARTICIPATE IN THIS YEAR'S SEASON BY :

- Team Coach Name \_\_\_\_\_
- Assistant Coach Name \_\_\_\_\_
- Sponsor Name \_\_\_\_\_
- Help at BBQ Name \_\_\_\_\_

Adult Shirt Size: S M L XL XXL

Adult Shirt Size: S M L XL XXL

SPECIAL REQUESTS: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE of PARENT or GUARDIAN

\_\_\_\_\_  
DATE

**\*\*\*RETAIN DUPLICATE COPY AS OFFICIAL TAX RECEIPT - NO FURTHER RECEIPTS WILL BE ISSUED\*\*\***

**COST: \$60.00 Per Child**

**Total No. of Children Playing:** \_\_\_\_\_



<input type="checkbox"/> Cheque	\$ _____	Total Amount Received
<input type="checkbox"/> Cash (Please bring exact amount)		



\_\_\_\_\_  
SIGNATURE OF TWP. REPRESENTATIVE

\_\_\_\_\_  
DATE

**CONTACT RECREATION CO-ORDINATOR KEVIN EWEN AT 941-2699 FOR FURTHER INFO**  
**\*\*\*STUDENTS CAN USE VOLUNTEER POSITIONS AS PART OF THEIR COMMUNITY SERVICE HOURS\*\*\***