Auburn City Recreation Sign-up Form

ACR 9u SOCCER

Child's Name: _____

Birthdate: _____ **Age:** _____ **Boy/Girl:** _____

Parent/Guardian: _____

Home #: _____ **Cell #:** _____

Work #: _____ **Alt. Cell # :** _____

Email: _____

Volunteer to: **Coach: Yes/No** **Referee: Yes/No**

Ages 8-9 yrs (As of 09-01-16)

Shirt Size:_____

ALL PARENTS WILL BE CALLED FOR SCHEDULING

My child has permission to participate in the program indicated on this form. He/She is in good physical condition and has no health problems that would prevent active participation. I agree to abide by all the rules of the program as well as to conduct myself in a manner that would not be considered detrimental by the general norms. I agree to hold harmless Auburn City Recreation in the event of injury sustained by my child. I also grant permission for my child to be photographed and pictures released for publication for purpose of Auburn City Recreations.

Signature of Parent/Guardian:_____**Date:** _____

All forms must be accompanied by the appropriate registration fee of $25.00 per child per sport (**$30.00 Late Sign-up**), with a maximum fee of $112.00 per family. Please make checks payable to "Auburn City Rec. or ACR. No refunds will be given. For more information : Contact Nahum Winder auburnrecsoccer@gmail.com