

Goffstown Parks and Recreation

[www.Goffstown.com](http://www.Goffstown.com)

2016 Growin' Grizzlies Soccer

Forms may be mailed to 16 Main Street, Goffstown, NH 03045 or hand delivered to 155 South Mast Rd, Goffstown, Other arrangements can be made by calling 603-497-3003 DEADLINE TO REGISTER IS 9/9/16.

Cost: There is no fee for this program

Program dates: Program will begin September 14 and end October 12 (9/14, 9/21, 9/28, 10/5 & 10/12)

Program Info: This is an instructional program for children in Kindergarten and will teach the fundamentals of soccer. This program will be held at the Parks and Recreation building. There will be 2 sessions: Session I 10:00am-10:45am or Session II 1pm-1:45pm.

DOB \_\_\_\_\_ Grade \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Session I (10:00am-10:45am) \_\_\_\_\_ Session II (1pm-1:45pm) \_\_\_\_\_

\*Space limited to 10 participants – Registration is taken on a first come basis\*

Players Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home # \_\_\_\_\_

Fathers Name \_\_\_\_\_ Business # \_\_\_\_\_

Home Address \_\_\_\_\_ Cell # \_\_\_\_\_

Home # \_\_\_\_\_

Mothers Name \_\_\_\_\_ Business # \_\_\_\_\_

Home Address \_\_\_\_\_ Cell # \_\_\_\_\_

Home # \_\_\_\_\_

Please provide the best email address to send schedule changes / important information (print clearly)

Person to Notify in an Emergency other than the above names \_\_\_\_\_ Phone # \_\_\_\_\_

Parents are expected to arrange for transportation to and from the program at the times specified. It is open to boys and girls in kindergarten. No experience necessary.

I give permission for my child to have his/her picture taken for the purpose of Goffstown P & R publicity in local media, Town web site or advertisements. YES \_\_\_ NO \_\_\_

I/We the parent/guardian of the above named candidate for Growin' Grizzlies, hereby give my/our approval to participate in any and all Goffstown growin' grizzlies activities, including transportation to and from the activities. I know that participation in soccer may result in serious injuries and do hereby waive, release, absolve indemnity and agree to hold harmless the Goffstown Parks and Recreation Commission, Goffstown Parks and Recreation Department, Town of Goffstown, Volunteers, Coaches, Supervisors, participants and person transporting my child to and from activities from any claim arising out of any injury to my child whether the results of negligence or any other cause.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

