

## Goffstown Parks and Recreation

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

# 2016 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 9/8/16**

**Cost: There is no fee for this program**

**Program dates: Grades 1 & 2: Mondays & Wednesdays 3:30-4:30 @ Roy Park – beginning on 9/12/16**

**Grades 3 & 4: Tuesdays & Thursdays 3:30-4:40 @ Roy Park – beginning on 9/13/16**

**Soccer is a 6 week program and will end on October 19/20.**

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

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 grades 1-4. 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 Parks and Recreation Soccer, hereby give my/our approval to participate in any and all Goffstown Parks and Recreation Soccer 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 \_\_\_\_\_

### Parental Support/Assistance

We need participation of all parents in our program. Please check the area (s) you are willing to assist. We will TRAIN!

Coaching \_\_\_\_\_ Assist with practices \_\_\_\_\_

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