



TOWN OF EASTON PARKS AND RECREATION DEPARTMENT

2019 SUMMER SOCCER CAMP REGISTRATION FORM

Participant information:

Name _____

Age ____ M ____ F ____

Weeks/sessions requested:

June 24 – June 27 _____ am only (ages 6-8)

June 24 – 27 _____ am-pm (ages 9-14)

July 8 – July 11 _____ am only (ages 6-8)

July 8 – July 11 _____ am-pm (ages 9-14)

Medical Concerns: _____

Parent/Guardian (please print)

Name _____

Address _____

Home phone: _____ Cellphone: _____

Email _____

Emergency contact information: (if different from above)

Name (please print) _____ Phone _____

Alternate emergency contact:

Name: _____ Phone _____

Insurance: Carrier: _____ Policy # _____

I acknowledge that I have complete understanding of the potential risk associated with this activity, including injury or death, and I voluntarily agree to assume all such risk. I hereby release, discharge, indemnify and agree to hold the Town of Easton, all agencies, its officers, agents and employees, harmless from and against any and all liability, claims actions, suits, damages, losses, or injuries of any kind, nature, or description, including without limitation personal injuries and/or death, medical expenses, and economic damages arising or claimed as a result of an act or omission related to the program(s) offered by any affiliated program.

Signature: _____ Date: _____