



AMARANTH RECREATION ~ 2010 SOCCER LEAGUE

Wednesday Evenings ~ 6:30 pm - 8:00 pm
June 2nd, 2010 to August 18th 2010



****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)	Date of Birth (M/D/Y)	Shirt Size	Returning Player	Medical Condition
	Male Female		S M L XL	Yes No	
	Male Female		S M L XL	Yes No	
	Male Female		S M L XL	Yes No	
	Male Female		S M L XL	Yes No	
	Male Female		S M L XL	Yes No	
	Male Female		S M L XL	Yes No	

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.

I WOULD LIKE TO PARTICIPATE IN THIS YEAR'S SEASON BY: COACHING / SPONSOR / OTHER

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*****





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	Male	Female		S	M	L	XL	Yes	No	
	Male	Female		S	M	L	XL	Yes	No	
	Male	Female		S	M	L	XL	Yes	No	
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