

# 2015 FALL SOCCER

| P A R T I C I P A N T I N F O R M A T I O N |                     |                    |        |
|---|---------------------|--------------------|--------|
| Child's Last Name:                          | Child's First Name: |                    |        |
| Mailing Address:                            | Phone #:            | Age:               | Grade: |
| Street Address:                             | Town:               | Zip:               |        |
| e-mail address:                             |                     | T-Shirt Size _____ |        |

| P A R E N T / G U A R D I A N I N F O R M A T I O N |                      |            |
|---|----------------------|------------|
| Parent/Guardian # 1 _____                           | Phone #s: Cell _____ | Work _____ |
| Parent/Guardian # 2 _____                           | Phone #s: Cell _____ | Work _____ |
| Emergency Contact Person:                           | Phone # _____        |            |

| EMERGENCY INFORMATION   |
|---|
| Please list any medical issues, such as allergies, medication, or injuries that we should be aware of:<br>IF NONE – PLEASE STATE NONE |

| VOLUNTEER INFORMATION                                     |
|---|
| I am willing to be a:                                     |
| Coach _____ Assistant Coach _____ Concession Worker _____ |
| Referee _____ Timekeeper _____ Scorekeeper _____          |
| Name: _____ Phone # _____                                 |
| Name: _____ Phone # _____                                 |

**Late Fee of fifteen dollars (\$15.00) charged after  
September 1, 2015**

**BELOW TO BE FILLED OUT BY RECREATION STAFF**

|                          |                               |                      |
|--------------------------|-------------------------------|----------------------|
| League fee \$40 _____    | Out of Town Fee \$35.00 _____ | Check Rec'd \$ _____ |
| PRE-SCHOOL               | Late Fee \$15.00 _____        | Check Number _____   |
| (Pee Wee 3-4 year olds)  |                               | Cash Rec'd \$ _____  |
| Clinic Fee \$40.00 _____ |                               |                      |
| <b>TOTAL DUE _____</b>   |                               |                      |

| Photo Release   |                                 |
|---|---------------------------------|
| I grant to Hollis Recreation, its representatives and employees the right to take photographs of my child in connection with Recreation Programs. I authorize Hollis Recreation, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Hollis Recreation may use such photographs of my child for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. |                                 |
| I do: _____ I do not _____  | Parent/Guardian Signature _____ |