



2022- Fall Preschool Soccer Program



Participant's Name _____

Age _____ Date of Birth _____ Male/Female _____

Address _____

Home Phone _____ Alt. Phone _____

Parent's Name _____ Email _____

Emergency Contact: Name _____ Phone _____

Relationship _____

Please list any medical conditions the participant has that we should be aware of (known allergies):

The program will be held on the following dates from 1:45-2:45 pm:

- Friday, September 16
- Monday, September 19
- Wednesday, September 21
- Wednesday, September 28
- Friday, September 30

By signing below, I give permission for my child to participate in the Preschool Soccer Program sponsored by the Gilford Parks and Recreation Department. I understand that my child's photo may be taken during the course of the program to be used for promotional purposes or to be displayed on the Parks and Recreation Department's website and/or facebook page. I understand that playing outdoors can take place in a variety of conditions that include but are not limited to; exposure to extreme hot and/or cold, rain, snow and wind; and fields that may be uneven, wet and/or slippery. I understand that soccer is a physical activity with inherent risks that may result in death, hypothermia, heat stroke and injuries including but not limited to; paralysis, muscle pulls and strains, broken bones, sprains, cuts, scrapes and bruising. I also understand that participating in the youth soccer program may subject my child to exposure to the COVID-19 virus. I accept all risks inherent to said activity and do hereby release the Gilford Parks and Recreation Department, their staff and volunteers assisting with this program from any liability arising out of any injury which may occur to my child during the normal course of the above mentioned program. I accept all risks inherent to said activity and do hereby release the Gilford Parks and Recreation Department and Gilford Youth Center, their staff and volunteers assisting with this program from any liability arising out of any injury which may occur to my child during the normal course of the above mentioned program.

*In the event of inclement weather we will hold all activities indoors at the Gilford Youth Center.

Parent/Guardian Signature: _____ Date _____

For more information, please call the Parks and Recreation Department at 527-4722.

