



K-5 Soccer

September 8th – October 8th

Mondays, Wednesdays, and Fridays 3-4:30pm

Participants will be given their own soccer ball to keep.

- \$100 per participant
- *All participants are encouraged to wear shin guards and cleats.*

All payments and forms are due by the start day, September 8th for child to participate.

Childs Name: _____ **Grade:** ____ **Date of Birth (Age):** _____ **Gender: M F**

Parent/Guardian Name: _____
(Print) (Signature)

Mailing Address: _____
(Street) (City/Town) (State) (Zip)

Day/Work Phone: _____ **Evening/Home Phone:** _____

E-mail: _____ **Cell Phone:** _____

Photo Release:

I hereby grant the Rangeley Region Health and Wellness Partnership permission to use, reproduce, publish or distribute any photographs or videotapes of my child for use in media materials the RRHWP may create.

Parent/Guardian Signature: _____ Date: _____

Emergency contact #1:

Name: _____
Physical Location: _____
Phone(s): _____

Emergency contact #2:

Name: _____
Physical Location: _____
Phone(s): _____

Transportation

I give permission for my child(ren) to be picked up by **the following person(s) listed below:**

If my child(ren) will be picked up by someone else I will notify RRHW staff by telephone 864-3055 or written note

Name _____ Name _____ Name _____

Phone _____ Phone _____ Phone _____

HOLD HARMLESS AND INDEMNITY AGREEMENT
(READ THIS DOCUMENT CAREFULLY, SIGN AND RETURN WITH YOUR REGISTRATION)

The facilities and activity programs offered by the Rangeley Region Rehabilitation and Wellness Pavilion have been developed to provide beneficial exercise and enjoyment without compromising the health and safety of those who utilize the facilities or participate in the activities. Because of the nature of the programs and equipment available in the Wellness Pavilion, there is an inherent risk of injury when taking part in any exercise activity.

I am fully aware of these risks, and realize that injuries are a possibility no matter how attentive a caregiver or counselor may be. I accept the full responsibility for any such damage or injury of any kind that may result from the action of the minor child enrolled in Rangeley's "CIA" Children In Action after school program. As a condition of being permitted to enroll my child in this program, I agree to release, hold harmless, and indemnify Rangeley Region Health and Wellness directors or staff, as I freely accept all risks of injury, death, or property damage occurring thereon as a result of the minor child's participation in the after school program.

I further agree that any claim that I may at any time bring, for any reason, against any of the above named, shall be submitted to the jurisdiction of the State or Federal Court in the State of Maine and no other jurisdiction, and shall be governed by the laws of that state.

As a parent or guardian of the participant, I acknowledge that I am authorized to sign this Agreement for the minor child named below. I agree to be bound by the Acknowledgement and Acceptance of Risks and Liability Release and hereby indemnify the above-named parties for awards, legal expenses, and settlements arising out of my minor child's participation in the activities of Rangeley's "CIA" Children In Action after school program.

In the event of an emergency, Rangeley Region Health and Wellness will do all in their power to reach me and/or the emergency contacts I have provided. If I cannot be located immediately, my signing below authorizes Rangeley Region Health and Wellness staff to procure emergency medical attention for the child named below.

Child's name: _____	Date: _____
Parent/Guardian name printed: _____	Parent/Guardian signature: _____

Health and Safety Information

Have Your Child Had Problems With: ___ Heart defect disease ___ Asthma ___ Lung Problems ___ Diabetes ___ Convulsions ___ Seizure Disorder ___ Bleeding/clotting disorder ___ Other: _____	Allergies: ___ Hay Fever ___ Poison Ivy ___ Insect Stings ___ Food/Drug Allergies: _____ Other: _____	Operations or serious injury: _____ _____ Current medications: _____ _____ <small>(medications cannot be administered by staff)</small> Behavioral concerns: _____ _____ Family Physician: _____ Telephone: (____) _____
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If you have checked anything above, please explain: _____

Please return all materials to: RRHW 25 Dallas Hill Road, PO Box 722, Rangeley ME 04970
For more information contact Lindsay Richards: 864-3055 or Lindsay@rangeleyhealthandwellness.com