



**All skills soccer clinic
Registration Form 2011
August 15 – 19**

**\$120.00 residents
\$150.00 non-residents**

Participant Information

Last Name: _____

First Name: _____

Middle Name _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____/_____/_____

Gender: _____ Grade: _____

Current School: _____

Parent/Guardian Name: _____

Phone Number: _____

Cell Phone Number _____



**Springfield Department of Parks,
Buildings & Recreation Management**

**Recreation Office Telephone
787-6435**

Data Entry Information: Date _____

_____ **Completed** _____ **Paid** _____ **Initials**

Ethnicity:
Circle One White/Caucasian (Non Hispanic)
Hispanic/Latino
African American
African American & Hispanic
Caucasian & Hispanic
Asian
Other: _____

Home Language _____

Family Size: _____

Emergency Contact Information

Name: _____

Relationship: _____

Phone Number: _____

Participant Pick Up Information

Please list all people who are able to pick up student (18yrs or older)

Participants will not be released to any individual not listed on this form. Please notify program staff of changes in pick up information and phone numbers in writing.

Medical Information: _____

How did you find out about program?

___Website ___Flyer ___Friend

___Past ___Newspaper ___Other
Participant

Permission Form

Parent/Guardian Permission:

My child has permission to participate in activities provided by agencies participating in the Enrichment Program. I acknowledge that my child must follow all of the rules in order to participate. In the event that I cannot be reached in an emergency, I hereby authorize that medical/surgical treatment be administered to my child at my expense. I assume all risks and hazards arising out of my or my child's participation in this program, and I agree to release, indemnify and hold harmless the City of Springfield, its officers, officials, agents and employees, from any and all claims, demands, losses or liability, for property damage, personal injury, disability, death, or otherwise, related thereto. I hereby waive and release any claims that arise out of a decision to authorize medical/surgical treatment, and indemnify and hold harmless those agencies or organizations providing activities for this Enrichment program from claims of third parties arising out of the decision to authorize medical/surgical treatment. My signature authorizes the Springfield School Department to release my child's social security, SASI, State ID numbers, and necessary school documents to the REACH partner program network. The information gathered will be used to apply for and report in grants the city receives. My signature certifies that I have read and understood this disclaimer, and all the program rules and regulations.

Signature: _____

Date: _____

I am aware that pictures of my child may be used for publicity purposes by one or more agencies and I consent to the use of such pictures. YES NO