

2022 Corinth Fall Recreation Soccer

*****For recreation news updates become a member of Corinth (Maine) Recreation on Facebook***
Sign Up / Permission Slip (Grades K-5th)**

Deadline - Friday August 12th, 2022

___ Instructional (Kindergarten, 1st grade or 2nd grade first time playing)

___ League Play (2nd through 5th grades – please no requests) (Shin guards & mouth guards required)

Yes, I would like to volunteer by doing the following (we always need coaches please consider helping):

___ Coaching - Instructional League Play (circle one)

___ Asst. Coaching - Instructional League Play (circle one)

Parent(s)/Legal Guardian Name: _____

Home Telephone # _____ Cell # _____

Child's Name: _____

Street Address: _____

P.O. Box: _____, Corinth, Me 04427

Date of Birth: _____ Grade: _____ (Fall of 2022)

Doctor's Name: _____ Dr.'s Telephone # _____

List any known allergies or medical conditions: _____

Emergency Contact (other than parent): Name: _____

Relationship to child: _____ Telephone # _____

I give my son/daughter _____ permission to play on a Corinth Fall Soccer Team. I understand that even with the proper safeguards, there is a potential for injury and I will not hold the Town of Corinth or coaches liable. In the event of a medical emergency, if a parent or legal guardian is not present, I give the Town of Corinth and its representative permission to administer first aid and/or call an ambulance for treatment and transport to the hospital. I understand that efforts will be made to contact me and/or the emergency contact person noted above if an ambulance is called. All transportation is the direct responsibility and liability of the parent or legal guardian. Under no circumstances will the Town of Corinth, coaches or volunteers be held liable for authorizing the 'pick-up' and 'drop off' of children participating in the Corinth Recreational Soccer Program.

Parent/Guardian Signature _____

Print Name _____

DROP OFF OR MAIL TO SOCCER PROGRAM, CORINTH TOWN OFFICE, PO BOX 309, CORINTH, ME 04427 FORMS CAN ALSO BE FAXED TO 285-7529