

2017 Montpelier Coed Soccer

K-1st 2nd-3rd 4th-5th

Cost \$30.00 Deadline: August 8, 2017
(There will be a \$5.00 late fee after this date)

Return Form to Montpelier City Hall with payment or mail to:
534 Washington Montpelier, ID 83254
Call or text Kim Bateman @ 208-221-3568
with questions.
Games will be played Friday mornings.



Name _____ Sex _____ Grade _____
FIRST LAST

Shirt Size: Youth Small ___ Youth Medium ___ Youth Large ___ Adult Small ___ Adult Medium ___ Other ___
(Provided)

Mother/Guardian _____ Address _____

_____ City, State, Zip Home # Cell #

Father/Guardian _____ Address _____
(if different from above)

_____ City, State, Zip Home # Cell #

Can you receive text messages: Yes ___ No ___ Email Address: _____

Parents: I am willing to: ___ Coach Help in other ways _____

I(we) the parents and/or guardians of the above named candidate for a position on a league team, hereby give my(our) approval to participate in any/all league activities. I(we) assume all risk and hazards incidental to such participation, including transportation to and from the activities; and I(we) do hereby waive, release, absolve, indemnify and agree

to hold harmless the local league, the chartering organization, the organizers, sponsors, participants and persons transporting my(our) child to and from activities; for any claim arising out of any injury to my(our) child, whether the result of negligence or from any other cause.

I(we) agree to return any equipment issued to my(our) child in as good a condition as when issued except for normal wear and tear. If equipment is not returned a fee of \$50.00 will be charged.

Signature Parent/Guardian _____ Date _____

Signature Parent/Guardian _____ Date _____

Official Use Only

Amount Paid _____ Date _____ Check # _____ Cash _____