



2019 OUTDOOR SOCCER PROGRAM

319 3rd Street South, Glasgow, MT 59230

228-8341

FORMS MUST BE RETURNED TO THE GRD BY SEPTEMBER 3RD, 2019.
IF FORMS ARE TURNED IN AFTER SEPTEMBER 3RD THE FEE WILL BE \$30.00

Games will be played Monday and Tuesday evenings at Hoyt Park starting September 9th through October 8th

Parent's/Guardian's Name: _____

Child's Name: _____ Age: _____

Grades: Pre-school: _____ Kindergarten: _____ 1st Grade: _____ 2nd Grade: _____

3rd Grade: _____ 4th Grade: _____ 5th Grade: _____ 6th Grade: _____

Address: _____ Phone #: _____

Work #: _____ Cell #: _____ Male or Female

Shirt Size: YS _____ YM _____ YL _____ AS _____ AM _____ AL _____ AXL _____

Fee: **\$20.00** (On or before Sept. 3rd) Cash: _____ Check#: _____

Fee: **\$30.00** (After Sept. 3rd) Cash: _____ Check#: _____

Authorization for Medical Treatment:

As parent(s) or legal guardian(s) of the above named minor child, I/We give consent for said child to participate in Glasgow Recreation Soccer Program, and I/We also give consent, in the event reasonable attempts to contact me/us at the phone numbers listed above are unsuccessful, for:

1. The administration of any treatment deemed necessary by a licensed medical doctor or dentist, and
2. the transfer of said child to the Frances Mahon Deaconess Hospital or other hospital deemed necessary by the physician, and
3. the Glasgow Recreation Department, its coaches, agents, and representatives, to transport said child to and from the physician, dentist, or hospital for treatment.

List allergies, chronic illnesses, or other conditions:

Family Physician: _____ Family Dentist: _____

Waiver

In consideration of the opportunity to participate in the above referenced activity, I/We for myself/ourselves and for my/our child, personal representatives and assigns, do hereby release, waive and forever discharge The City of Glasgow, Montana, it's Recreation Department, its employees, coaches, volunteers, and agents from any and all claims, damages, rights, and injuries resulting from any and all participation by us in said activity sponsored or sanctioned by the Recreation Department.

Parents/Guardian's Signature: _____ Date: _____

Parents are urged to volunteer as a coach. If you coach, we will waive your child's/children's fee to participate (Max: 2 Kids). Once we have the forms in and a coach for each team, schedules will be released. Please indicate in which areas you would be willing to help:

Coach: _____ Asst. Coach: _____ Referee: _____ Any way I can: _____