Belgrade Community Center for All Seasons

1 Center Dr.
Belgrade, ME. 04917
Tel: 495-3481 Fax: 495-3481
email: communitycenter@belgrademaine.com
www.belgrademaine.com

SATURDAY MORNING GAMES

SEPT. 15- OCT. 27

COACHES WILL CALL YOU SEPT. 12

TO GIVE YOU SCHEDULES!

$25

COACHES MEETING:

SEPTEMBER 11, 6:00PM

BELGRADE COMMUNITY CENTER

Family Physician Name: _____

Physician Phone #: _____

Any Allergies or Dietary Considerations? _____

Any Medical Problems (include past injuries) _____

2007 MESSALONSKEE YOUTH SOCCER Registration Deadline: September 7, 2007

PLEASE MAKE CHECKS PAYABLE TO: **TOWN OF BELGRADE** AND RETURN YOUR REGISTRATION FORM TO:
BELGRADE COMMUNITY CENTER FOR ALL SEASONS, 1 CENTER DR. BELGRADE, ME, 04917

Participants Name (Last name, First name)	Gender	Grade	D.O.B.	Age	PK / K? Grade 1&2? Grade 3&4? Grade 5&6?	Program Fee
					Balance Due	$25

SOCCER CLINIC:
T.B.A.

Call : 495-3481

Belgrade Center for All Season for more Information

I, _____would like to volunteer to coach/assist a _____ grade team.
Email Address: _____

FOR OFFICE USE ONLY
PAID: _____
CH.CK#: _____
DATE: _____

Mailing Address: _____ Home Phone: _____

Mother's Name: _____ Work Phone #: _____

Father's Name: _____ Work Phone #: _____
Should we be unable to contact you in the event of an emergency, please list the name and contact number of another responsible adult we may be able to reach.

Emergency Contact: _____ Day Phone: _____ Night Phone: _____

Participation in this activity may involve risk of injury or death. As a parent, guardian, or participant I am aware of these hazards and my/(my child's) ability to participate. In registering for participation in the programs(s) listed above, I hereby waive and release all rights and claims against the Town of Belgrade and the Waterville Boys and Girls Club and YMCA, its officers, employees, agents, volunteers and supervisors from all losses, injury, damages, fees and other expenses arising out of, or in connection with participation in the above registered activity. In addition, I give my consent for the Belgrade Community Center and staff to act in my place in all respects should the need arise during the course of this activity or related travel. This shall include but not be limited to obtaining medical care.

Parent/Guardian Signature: _____ Date: _____