



Belgrade Community Center for All Seasons



1 Center Dr.

Belgrade, ME. 04917

Tel: 495-3481

email: communitycenter@belgrademaine.com

[www.belgrademaine.com](http://www.belgrademaine.com)

Held at the Belgrade Central School Fields

Rt #27, Belgrade, ME 04917

### WEDNESDAY NIGHTS

JULY 2-AUGUST 20, 2008

\$40

Grades K-5: 5:30 -6:30pm

Bring stick if you have one.

No equipment required.

Family Physician Name: \_\_\_\_\_

Physician Phone #: \_\_\_\_\_

Any Allergies or Dietary Considerations? \_\_\_\_\_

Any Medical Problems (include past injuries) \_\_\_\_\_

# 2008

# YOUTH LACROSSE

# 2008

**Registration Deadline: June 20, 2008**

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)	Experience	Gender	Grade (entering fall 2008)	D.O.B	Age	5:30-6:30PM	\$40

Mother's Name: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home 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: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>
PAID: _____
CH.CK#: _____
DATE: _____