



**West Tisbury Parks and Recreation**

**Summer Soccer Program 2018**

**Registration Form**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: M F Height: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

List any medications, restrictions or comments: \_\_\_\_\_

\_\_\_\_\_

Grades 5-9 Mon. - Fri. 1pm-4pm \$75 per session

Check all that apply:

\_\_\_\_ Session 1: July 9-July 19

\_\_\_\_ Session 2: July 23-Aug 4

\_\_\_\_ August 6-August 17

In the event of an injury, or should emergency care be required and I cannot be reached, I authorize the staff to provide or call for any medical assistance needed to care for my child.

\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Date

For office Use Only: Amount Paid: \_\_\_\_\_ Cash or Check # \_\_\_\_\_

Registration forms can be mailed to PO Box 278 West Tisbury, Ma 02575, faxed to 508-696-0103 or dropped off at the Town Hall. Questions; 508-696-0147.