MARBLETOWN PARKS & RECREATION DEPARTMENT
PO Box 217, Stone Ridge, NY 12484
845-687-7500 x170 youthandrec@marbletown.net

2024 SOCCER REGISTRATION FORM

CHILD'S NAME	BIRTHDATE	
ADDRESS	CITY/STATE	
CELL PHONE	SHIRT SIZE	
EMAIL ADDRESS		
EMERGENCY CONTACT	PHONE	
INSURANCE INFO		
Pre-existing medical conditions (e.g. allergies or chronic illnesses)		

I hereby give my permission for the above to participate in the program offered by the Town of Marbletown. I give my permission for a licensed physician or licensed first aid person to administer medical aid.

I understand that the Town of Marbletown is not responsible for any injury that occurs during the activities offered by the Parks & Rec Dept. I am responsible for my own child's medical coverage.

I hereby certify that I understand the Town of Marbletown's rules and policy. I also understand that I may forfeit future admittance to programs if I do not adhere to these policies. I agree to follow all program rules and regulations. Furthermore, I agree to indemnify and hold harmless and defend the Town of Marbletown, its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me as a result of participation in this program and use of the Marbletown Elementary School.

Please remember that the job of our coaches is to instruct your child in the sport that he/she is participating in. They are not meant to be child care providers. No child (participant or sibling) should be left unattended during our programs. If you need to leave for any reason, please appoint a friend or relative to watch your child and to take him/her home in case of an emergency. Our goal is for your child to have a safe and happy experience.

_____ Please initial if you give the Parks & Recreation Department the right to take photographs of my child and allow them to use such photographs of my child for any lawful purpose, including for example such purposes as publicity, illustration, advertising and web content.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

Print Name _____ Date_____

BOYS & GIRLS GRADES K – 1 _____ GRADES 2 - 3 _____