

New Lebanon Soccer Fest

Athlete's Name: _____ Age _____

Date of Birth _____ Phone _____

Address: _____

Email address: _____

Grade entering fall 2008 _____ Years played _____

Parents'/Guardians' Name: _____

Phone _____ Cell Phone _____

Additional Emergency Contact _____

Phone _____ Cell Phone _____

Family Doctor _____

Phone _____

Allergies _____

Medication _____

3v3 Tournament	10:00-4:00	\$20.00	_____
Alumni/Community Game		\$15.00	_____

Total amount due: \$ _____

Mail registration & check (payable *New Lebanon Sports Booster Club*)
to: Kelly Magin PO Box 845, New Lebanon, NY 12125

The undersigned parent or guardian understands that while participating in the 2008 New Lebanon Soccer Fest at WBH, my son/daughter will be engaging in a physical activity which contains an inherent risk of physical injury, and the undersigned assumes the risk and releases, waives, and consents not to sue the New Lebanon Soccer Fest, New Lebanon Central Schools, from any liability for personal injury, including, without limitation any and all such liability arising from the negligence of the New Lebanon Soccer Fest, arising out of my son/daughter's participation in the 2008 New Lebanon Soccer Fest at WBH and to be treated by a licensed physician or a member of New Lebanon Soccer Fest Committee for any injury, accident, illness or other mishap. I further agree to pay through my insurance company or otherwise for any medical treatment that may be necessary. I certify that my son/daughter is in good health and is able to participate in all activities.

Parent/Guardian Signature: _____ /Date _____

Interested in receiving announcements via email ___yes ___ no

Email: _____