Oakboro Parks & Recreation

E-mail is preferred communication. <u>Please</u> provide best e-mail address

Ages 3 – 17 \$75.00 Fee

Child's Full N						provide be	st e-man au	<u>aress</u> .				
Parent/Guardia	· · · · · · · · · · · · · · · · · · ·						Rest D	Phone:				
Best Email:												
						· · · · · · · · · · · · · · · · · · ·						
Child's mailing address: Street or Box						City/State/Zip						
** PARTICI	PANTS M	IAY BE	ASKED T	O PROVI	DE COP	Y OF BIR	TH CERT	TFICATE	. <u>DO NO</u>	Γ SEND IN '	WITH F	ORM**
		((PLEASE n	nake sure th	is is accura):/ ate. An error	could result	in disqualif	ication)	<u> </u>		
Has your child												
Shirt Size:	YXXS	YXS	YS	YM	YL	AS	AM	AL	AXL	AXXL		
Measurements	(22-24)	(26-28)	(30-32)	(32-34)	(34-36)	(36-38)	(38-40)	(40-42)	(44-46)	(48-50)		
Does your chil If Yes, Describe			medicatio	ons or have	any type	of physical	condition	that the co	ach should	d be aware of	? Yes	No
Name and Pho												
PERMISSIO												
(Name of Child)							on to partici	pate in the	Γown of Oa	akboro Parks a	nd Recrea	ition
Soccer Program	. I agree to	abide by tl	ne rules app	licable to th	is progran	n.						
Recognizing the Oakboro Parks a facilities utilized transported to or	and Recreat d for the pro	ion and an ogram) aga	y affiliated (inst any clai	organizatior im by or on	is and spoi behalf of t	nsors, their er the Registrant	nployees an	d associated	personnel	(including ow	ners of fie	elds and
I further release arising from par said program or	rticipation in	the socce	r program, s	specifically	to include	any and all c	laims for pe	rsonal injuri	es sustaine	d while presen		
I understand that addition, in my a parent or guar- examination dec	absence I do	o hereby au ound medi	thorize the cal practice	coaches or decrees that	designated t there is n	adults of the ot time to ma	registrant's ke such an a	s team, if aft attempt) to o	er reasonab	ole attempt has	been mad	de to reac
Refunds will no	ot be issued	after the 2 ⁿ	d practice.	A prorated r	efund will	be calculated	d to offset in	nsurance fee	s and unifo	rm costs.		
PARENT OR GUARDIAN SIGNATURE:						DATE:						
Volunteers are Without paren						ch you wou	ld be willin	ng to help.				
COACH or	ASSISTA	NT COA	CH (Bacl	kground C	heck Re	quired)						
Stop by Oakbo	oro Town l	Hall or ma	ail complet	ed form ar	nd fee on/	before Febr	uary 28 to:					
Town of Oakb	oro											
PO Box 610	20455						nary 28th, the fee will be \$85.00. ns, contact Josh Almond at jalmond@oakboro.com					
Oakboro, NC	28129				A	ny question	ns, contac	t Josh Alr	nond at j	almond@oa	ıkboro.c	om
Chaok #			Cach									