# Town of Hampden 2024 Spring Soccer Sign-Ups

## Register February 5th through February 26th, 2024

Spring Soccer signups for league play will be held **only** on the above referenced dates. It is extremely important to register your child at these times. If the minimum number of children required to field an age-specific roster do not register for that age group, there will be no team for that specific age group.

#### **NO LATE SIGNUPS!!!**

#### \*\*\*NO REFUNDS WILL BE GRANTED AFTER LEAGUE ROSTERS HAVE BEEN SET\*\*\*

Special situations will be considered by the Parks and Recreation Board.

Player's Name:		Birth date:
Address:		Age (as of Jan 1st) :
Phone:		Emergency Phone:
		ddress:
Please indicate (ch	ers League: This co-ed program provides or kindergarten and pre-k players in their f	Parks & Rec plans on offering the following leagues:  entry level to basic soccer skills and game knowledge. This is irst year of soccer with weekly practices. Fee = \$65  teams are CO-ED and are grouped by age.
[ ] Opinignois	Age Grouping	Born on or after January 1st of these years

Age Grouping	Born on or aπer January 1 <sup>51</sup> of these years
6 & Under	2018
8 & Under	2016
10 & Under	2014
13 & Under	2011

The games will be held at Kiley Field in Springfield. Teams will be formed with a mixture of all skill levels. Playing time will be approximately 50%. Registration fee includes a jersey. **Fee = \$90** 

Make checks payable to "Hampden Parks and Recreation".

No child will be registered without the completed

RELEASE FROM LIABILITY AND INDEMNIFICATION form on the back of this sheet.

### **Release from Liability and Indemnification**

I agree to waive and release the Town of Hampden, the Parks and Recreation Department and their employees and agents, whether paid or voluntary, the Recreation Association of Hampden ("RAH"), and their members from and against any and all claims, cost liabilities, expenses, or judgments, including attorney's fees and court cost arising of my or my child's participation in the Town's recreation program or any illness/injury resulting there from, and hereby agree to indemnify and hold harmless the Town of Hampden or their agents from and against any and all such claims, whether caused by negligence or otherwise, except for illness and injury resulting directly from gross negligence or willful misconduct on the part of the Town or its employees. I understand and agree that by signing this waiver I am freeing the Town of Hampden, it's employees, officers, or agents from any liability resulting from my (or my child's) participation in this sponsored event or activity. I recognize that the event can be dangerous to me (or my child) and accept these dangers. I understand that if I am (or my child is) injured, this waiver will be used against me and anyone else claiming damage because of my (or my child's) injury in any legal action. I also understand that no employee or agent is authorized to modify this waiver.

I hereby represent that: I understand and am familiar with the nature of the activities in which I (or my child) will participate in this recreational program, that I (or my child) am in good physical health, and that I (or my child) do not have physical or emotional conditions, past or present, of which I am aware, which would in any way affect my (or my child's) ability to participate in this activity. **I have personally read and understand this waiver.** 

In case of emergency, I give my permission for emergency medical treatment.

Signature of Parent/Guardian:

This form shall be considered valid until cancelled or changed in writing by the undersigned parent/guardian/participant and received by the Town of Hampden Parks and Recreation board. My signature acknowledges that I understand and agree to the above conditions.

**Release:** For promotional purposes, photos may be taken of my child and put on the Hampden Parks and Recreation website or in printed material. I understand it is my responsibility to notify the Hampden Parks and Recreation Department in writing as well as the coach and photographer if my child is not the be photographed.

Relationship to participant:

Full Printed Name:	Date:
7	/OLUNTEERS / COACHES
We always need volunteers to help us se in helping with this, and/or coaching, ple	t the fields up for the beginning of the season. If you're interested ase indicate below:
I am interested in volunteering for the fo	llowing:
	nly Age group:sistant Coach Age group:

I understand that in order to Coach I must be CORI certified. First Aid & CPR certification may be required.

Signature: Printed Name: