

## Petitcodiac Spring/Summer Programs 2018

Child's Name: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_

Birth Date: \_\_\_\_\_ Medicare #: \_\_\_\_\_

Does this participant have any health concerns that the coaches should be aware of? Yes \_\_\_ No: \_\_\_

If yes, please explain: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

*\*Please print clearly as email will be the main means of communication for notices, cancellations, etc.*

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

\_\_\_\_\_ Yes, I would like to volunteer to be a **coach** \_\_\_ or **assistant coach** \_\_\_ for my child's team.

\_\_\_\_\_ Yes, I would like to be more involved in the organization of future recreational activities/events.

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### ***Ball Hockey (\$20) - 6 Week Program – April 17<sup>th</sup> to May 24<sup>ht</sup> 2018***

7 & Under IP (2013, 2012, 2011) _____	9 & Under Novice (2010, 2009) _____	11 & Under Atom (2007, 2008) _____
13 & Under Peewee (2006, 2005) _____	15 & Under Bantam (2004, 2003) _____	

### ***Soccer (\$40) – 8 Week Program - June 26<sup>th</sup> – Aug 16<sup>th</sup> 2017***

4&Under Soccer (2015, 2014) _____	10&Under Soccer (2009, 2008) _____
6&Under Soccer (2013, 2012) _____	12&Under Soccer (2007, 2006) _____
8&Under Soccer (2011, 2010) _____	11+ Soccer (2005-2003) _____

### ***Baseball (\$40) – 8 Week Program – June 26<sup>th</sup> – Aug 16<sup>th</sup> 2017***

Rally Cap (2013, 2012, 2011) _____	Mosquito U11 (2008, 2007) _____
Grand Slam (Rookie) (2010, 2009) _____	Peewee U13 (2006, 2005) _____

### ***Soapbox Racing Series (\$10 per race or \$25 for Series) 2018 Race Schedule June 2, July 1 & Aug 4, 2018***

Child's Age \_\_\_\_\_ Race Car # \_\_\_\_\_ (1<sup>st</sup> choice) \_\_\_\_\_ (2<sup>nd</sup> choice)

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***Preferred Shirt Size (please circle one):***

Youth X-Small	Youth Small	Youth Medium	Youth Large	Youth XL
Adult Small	Adult Medium	Adult Large	Adult XL	

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Amount Paid: \_\_\_\_\_

**ACKNOWLEDGEMENT OF RISK AND RELEASE OF LIABILITY**

I hereby waive and release the Petitcodiac Recreation Department/Village of Petitcodiac, its agents, representatives, coaches and officials from any claim or action for any injury received by my child, going, coming or during activities associated with the Petitcodiac Recreation Department/Village of Petitcodiac.

The undersigned being a parent/guardian of agrees to the use of photos of my child being used on the Village of Petitcodiac website or Petitcodiac Recreation Facebook page to promote healthy, active recreational programs in our community. Petitcodiac Recreation Department/Village of Petitcodiac will in no way use any photos in any commercial way. These photos will only be used to promote and advertise the programs and will be promptly removed if so requested by the parent or guardian.

Minor Participant Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Dated in Petitcodiac this day \_\_\_\_ of \_\_\_\_\_, 2018

The Agreement remains in force for a period of 12 months after program has ended. If you have any questions please call 756-0289