

KENDALL RECREATION 2012 INDOOR SOCCER JR/SR HIGH SCHOOL

Dates:

January 10, 17, 24, 31
February 7, 14, 28
March 6, 13, 20, 27

Place:

KCS Elementary School Gym

Time:

7:00—9:00 p.m.



Sponsor: **Kendall Recreation**
Participants: Any student in grades 7 to 12
Cost: FREE
Instructor: Joe Canale 682-4395

Information: Barbara Flow @ 659-9184

****Shin guards and sneakers MUST be worn in order to participate.****

Kendall Recreation Sports Programs are funded in part by the N.Y. State Office of Children and Family Services through the Orleans Youth Bureau.
DETACH ALONG DOTTED LINE AND BRING TO FIRST SESSION ON January 10-.

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PLEASE PRINT ALL INFORMATION

Name _____ Male / Female Age _____ Birth date _____
Address _____ Teacher _____ Grade _____
Town/Zip Code _____ Telephone _____
Parent's Email Address _____
Parent's Full Name _____ Emergency Phone _____
ALLERGY/MEDICAL INFORMATION _____ Cell Phone _____

Parent's Release and Indemnity Agreement

In consideration of the sums of money expended by the Town of Kendall, the officers, supervisors, and/or sponsors to provide for training, equipment and supervision for the minor named above, and other good and valuable consideration, the undersigned parent and guardian of said minor does forever release, discharge and covenant to hold harmless the above mentioned Town of Kendall, its officers, supervisors, and/or sponsors and any other volunteer person, their heirs, administrators, executors, successors, and assigns, from any and all claims, demands, damage costs, expenses, loss of service action, and causes of action belonging to the said minor or to this undersigned resulting from or alleged to have resulted from the participation of said minor in Town sponsored authorized recreation activities. It is further understood that the Town of Kendall does not provide for medical/accident insurance for any of its youth recreation sports programs and it is the sole responsibility of the undersigned parent/guardian to provide such coverage. The undersigned hereby gives permission for the said minor to participate in Town sponsored authorized recreation activities under the sponsorship of the Town of Kendall.

Parent/Guardian Signature Date _____

This program DOES **NOT** PROVIDE HEALTH AND ACCIDENT INSURANCE as most families already carry such coverage. Because of this, we ask that you, as a parent/guardian, recognize the element of risk and agree to assume responsibility for yourself and your children. Please provide the following information.

Insurance Company _____ Policy Number _____

Name of Parent/Guardian whose name is on policy _____

IF YOU DO NOT HAVE HEALTH AND ACCIDENT INSURANCE, PLEASE SIGN BELOW INDICATING THAT YOU ARE AWARE THAT THE TOWN DOES NOT PROVIDE HEALTH AND ACCIDENT INSURANCE AND THAT YOU WILL BE RESPONSIBLE FOR ANY COSTS FOR INJURIES WHICH ARE SUSTAINED BY YOUR CHILD OR YOURSELF WHILE PARTICIPATING IN THIS PROGRAM.

Signature of Parent/Guardian (Do NOT sign if you have Health Insurance, so indicated above)

Date _____