

Welcome to the
Andover Recreation Department
Soccer Registration Form

Registration for the fall soccer season is easy!

1. Print out the 2nd and 3rd pages of this file,
2. Read the RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT,
3. Complete a copy of Page 2 for each athlete,
4. Write a check for the appropriate fee payable to
“Town of Andover – Recreation Department”,
5. Enclose the registration form and check in an envelope and mail to:

Alan Hanscom, Director
Andover Recreation Soccer
162 Beech Hill Road
Andover NH 03216

That's All! You're done!

Andover Recreation Soccer RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration of the permission granted to the participant named below to participate in the **Andover Recreation Department Soccer Program**, I/ we shall release, waive, discharge and covenant not to sue the Andover Recreation Department, their agents and employees from all liability for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the named participant, whether caused by the negligence of the Andover Recreation Department, its agents and employee or otherwise while the named participant participates in the Soccer Program.

I/we further agree to indemnify the Andover Recreation Department Soccer Program, their agents and employees from any and all liability, loss or damage including but not limited to bodily injury, illness, death or property damage which the Town of Andover Recreation Department Soccer Program, their agents and employees become legally obligated to pay including reasonable attorneys' fees and costs, as a result of claims, demands, costs or judgments, against the Town of Andover Recreation Department Soccer Program, their agents and employees on account of injury to the person or property or resulting in the death of the named participant whether or not caused by the negligence of the Town of Andover Recreation Department Soccer Program, their agents or employees and whether or not such liability is sole, joint or several.

I/we are aware that participation in this program may present a strain on my child's body, or its parts and therefore I represent to the Town of Andover Recreation Department Soccer Program that to the best of my knowledge, my child is in a proper physical condition to allow him/her to participate and that I/we assume the risk of participating.

I/we understand that the above program involves traveling to various sites. I/we will accept full responsibility for the transportation of my child to and from these activities and I/we release, indemnify and hold harmless any persons providing such transportation.

I/we understand that in case of injury or illness, I/we will be notified. If it is impossible to contact me and it is an emergency, I/we hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of my child.

I/we understand that team uniforms are provided to registrants in the 5th/6th grade level and agree to return the uniforms at the end of the season. I/we further understand that I/we will be responsible for paying the cost of uniform replacement if I/we fail to return the uniform at the end of the soccer season.

I/we, the parent/ legal guardian, the undersigned, have read this release and understand all its terms. I/we execute this release and understand all its terms. I/we execute it voluntarily and with full knowledge of its significance. I/we have executed this release on this date indicated next to my/our names.

Soccer Program Release & Waiver of Liability
Page 2

Office Use Only:		
Paid	<input type="checkbox"/> Cash	<input type="checkbox"/> Check
Amount \$	_____	Ck # _____
Date: _____	By: _____	

Participant's Name (Please Print!) Date of Birth Sex Grade in Fall

Address Andover NH
Town State

E-mail address

Home Phone Work Phone Cell Phone

Emergency Contact Other Than Parent Phone Number

Please list allergies and/or other medical conditions: _____

Mother's Name (Please Print) Father's Name (Please Print)

Parent/ Legal Guardian Signature Date

Registration Fee:

\$20.00 per person fee for this program for registrations prior to July 1
\$25.00 per person on or after July 1

Checks should be made payable to "Town of Andover – Recreation Department"