



2016 NARRAGANSETT SOCCER LEAGUE



STUDENT _____

Age _____ DOB _____

Phone _____

Address _____

City _____ State ____ Zip _____

Email: _____

Emergency contact:

Name _____

Phone _____

I hereby authorize the director and assistants of the Block Island Recreation Department to act for me according to their best judgment in any emergency requiring medical attention. In consideration of acceptance of my child, I hereby for myself, my child, their executors and administrators hold harmless, waive and release any claim we may have for damages against the above mentioned organization, league operators, employees or representatives for any and all injuries that may be suffered.

Signature of Parent/Guardian Date

I attest that my child is in sound condition to participate in all activities.