



TASK MIDDLE SCHOOL COED SOCCER
2010 - REGISTRATION FORM
(Fill Out: One Form per Child Please)

In TASK last year?
Yes or No

_____ M / F (circle one)
 Last Name First Name Middle Initial Sex

_____ Home Telephone #
 Address City Zip

_____ Legal Guardian's Name
 Father's Name Mother's Name (or)

_____ Date of Birth
 Cell Phone # Cell Phone # (Please provide copy of birth certificate, if new to the league)

_____ School Attending
 Email Address #1 Email Address #2

Child Shirt Size (Circle One) Youth: 6/8 10/12 14/16 Adult: S M L XL XXL

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 1st Practice: September 1st.
 Contact Jill Vanden Langenberg before 8 pm for details.
 Phone: 869-2573
 e-mail: cjvanden@netscape.com

6th, 7th and 8th grade Registration fee:
Checks payable to: TASK Middle School

1st child: \$40 2nd child: \$40

3rd+ child: \$35

Late fee: add \$25 per child must be postmarked by Sep 1st

Mail to:
TASK Middle School
P.O. Box 126
Seymour, WI 54165

Registration Fees are NOT refundable!

CONSENT FOR EMERGENCY MEDICAL TREATMENT

We, the Parents of _____, give permission for emergency medical treatment of our child for illness or accident if we cannot first be contacted.

Emergency Phone: Parent or Guardian Name: _____ Phone: _____

Emergency Contact **other than the parent:** Name: _____ Phone: _____

Relationship: _____ Does your child have any allergies or require any special Medication? No Yes

Explain: _____

We hereby agree that the TASK Middle School Co-Ed Soccer, its members, coaches and officers shall not be liable for any injury or loss that my child may sustain while participating in activities of any kind, whether sponsored by or under the supervision of TASK or the Seymour School District and we agree to indemnify and hold harmless the TASK, its members, coaches, officers and designates of any claim whatsoever.

 Parent/Guardian's Signature

 Date