



## 2017 Town of Washington Recreation 7/8 Grade Pickup Soccer Program

**TOWN OF WASHINGTON RECREATION COMMISSION PROGRAM ELIGIBILITY and ADMINISTRATION OF FEES** Town of Washington Recreation programs are open only to residents of the Millbrook Central School District. The Town Recreation programs are generously supported by taxes levied by the Town of Washington, not the School District. For the purposes of administering program fees, there are two categories of residency. Town of Washington Resident (TOWR) – Resides within the boundaries of the Town of Washington. Millbrook Central School District Resident (MCSDR) – Resides within the boundaries of the Millbrook Central School District but OUTSIDE the boundaries of the Town of Washington.

**OUTSTANDING BALANCES:** Must be paid in full before participation in subsequent programs will be allowed. If experiencing financial challenges, please call the Recreation Office to set up a payment plan. This information is considered confidential.

**REFUNDS/CREDITS:** In the event a program is cancelled, a full refund will be issued to all registered participants. Refunds also may be given, at the request of a participant, up to one week prior to the start of a program. A \$25 administrative fee will be deducted from the refund for all programs. If refunds are requested after a program has begun, refunds will be issued at the discretion of Recreation personnel.

**Deadline:**

**Fees: Resident \$35, Non-Resident \$45**

\*Please see above to determine if you are considered a resident/nonresident.\*

- 1) In order to participate, please fill out the registration form in its entirety.  
Checks payable to: T.O.W. Recreation: Mail To: PO BOX 970 Millbrook NY, 12545
- 2) The extended Soccer Recreation program is open to boys and girls entering 7th and 8th grade. These formal "pickup sessions" will be each Saturday. Players will be divided into different teams each week, games will be refereed. This program will be an outlet for those who have graduated the youth soccer program to further enhance their skills and have the opportunity to continue playing!
- 3) The season runs from Saturdays, September 9-October 29th.
- 4) Time: Saturday afternoons (tbd)
- 5) All participants will receive a t-shirt upon their first game.

**NO REGISTRATIONS WILL BE ACCEPTED AFTER SEPTEMBER 1.**



**TOWN OF WASHINGTON RECREATION COMMISSION**  
**RELEASE & CONSENT FORM**  
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LAST NAME \_\_\_\_\_  
EMERGENCY NAME AND TELEPHONE # \_\_\_\_\_

**RELEASE/HOLD HARMLESS**

AS IN ANY RECREATIONAL ACTIVITY, THERE ARE SOME INHERENT RISKS, AND INJURY MAY OCCUR. I HEREBY RELEASE AND DISCHARGE THE TOWN OF WASHINGTON, ITS AGENTS, EMPLOYEES, AND APPOINTED OFFICIALS, VOLUNTEERS, COMMISSIONS OR ASSOCIATIONS FROM ANY AND ALL CLAIMS OR ACTIONS FOR LOSSES, DAMAGES OR PERSONAL INJURIES TO MYSELF OR MY CHILD WHICH MAY OCCUR OR ARISE OUT OF MY OR MY CHILD'S PARTICIPATION IN ANY OF THE TOWN OF WASHINGTON RECREATION COMMISSION PROGRAMS OR ACTIVITIES IN WHICH I HAVE REGISTERED.

I DO ALSO REALIZE THAT THERE IS NO MEDICAL INSURANCE COVERAGE OFFERED THROUGH THE TOWN. ALL MEDICAL INJURIES THAT MAY OCCUR ARE THE SOLE RESPONSIBILITY OF THE PARTICIPANT/PARENT/GUARDIAN.

**AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT**

I AUTHORIZE THE PROGRAM DIRECTOR/INSTRUCTOR TO GRANT CONSENT FOR EMERGENCY MEDICAL TREATMENT, DIAGNOSTIC TESTS AND PROCEDURES, ANESTHESIA, HOSPITAL CARE AND MEDICAL AND SURGICAL TREATMENT TO BE RENDERED TO MYSELF/CHILD UNDER THE GENERAL OR SPECIAL SUPERVISION AND ADVICE OF A PHYSICIAN WHEN EFFORTS TO CONTACT YOU OR YOUR EMERGENCY CONTACT ARE IMPOSSIBLE OR IMPRACTICAL.

NAME OF PARTICIPANT: \_\_\_\_\_ Date: \_\_\_\_\_

SIGNATURE OF PARTICIPANT/PARENT/GUARDIAN: \_\_\_\_\_

**PHOTO RELEASE**

THE RECREATION DEPARTMENT HAS MY PERMISSION TO USE MY OR MY CHILD'S PHOTOGRAPH PUBLICALLY TO PROMOTE THE RECREATION DEPARTMENT. I UNDERSTAND THAT THE IMAGES MAY BE USED IN PRINT PUBLICATIONS, ONLINE PUBLICATIONS, PRESENTATIONS, WEBSITES, AND SOCIAL MEDIA.

SIGNATURE OF PARTICIPANT/PARENT/GUARDIAN: \_\_\_\_\_