

Participants Name:	Grade/age:	Phone #:	T-Shirt Size (YXS, YS, YM, YL, AS, AM, AL)	Allergies/Medical:	
Email:	Street Address:			Town:	
Parent/Guardian Contact #1:		Relationship:		Cell #:	Phone #:
Contact #2:		Relationship:		Phone #:	Cell #:

As parent or guardian, I am aware of the physical risks involved in these programs. I assume sole responsibility for the physical condition of my child. I assume **full financial responsibility for any medical costs resulting from participation** in these programs. I authorize Lincoln Recreational Department and its coaches, through a physician of their choice, **to provide access to any emergency medical care** that may become reasonably necessary for my child during the course of participating in this program.

I agree to the established rules and discipline associated with practices and games. I am aware of my responsibility as a parent or guardian for picking up and dropping off my child to practices and games on time. Players must not arrive any **earlier than 10 minutes before** a game or practice. Likewise, they must be picked up no **later than 15 minutes after** the completion of a game and / or practice. Coaches are not expected to provide children transportation to and from games.

I further agree to maintain in good condition and return all equipment issued to my child upon completion of program /or deciding not to play. At the end of the program or if this youth quits or leaves the program before its completion, **I agree to return all equipment issued or be financially responsible for all items not returned. If equipment is not returned within one month of the end of the program or upon leaving early, I do realize I will be billed for full replacement.**

The Town shall indemnify and hold harmless the participant from claims, suits or liabilities resulting from negligence, including exposure to COVID-19, of the Town, its officers, agents and employees. The participant shall indemnify and hold harmless the Town, its officer's, agents and employees from claims, suits or liabilities resulting from negligence of the participant. The participant shall hold harmless, indemnify and defend the Town against liabilities, expenses and losses imposed on them as a result of negligent actions or inaction of the participant related to their use or operation of the premises. This obligation to indemnify shall not waive any defense immunity or limitation of liability which may be available to the participant, under the Maine Torts Claims Act pursuant to the provisions of 14 MRSA Section 8101 et seq. or any other privileges or immunities as provided under the law.

COVID-19 – The Town adheres to all local and state public health guidance to ensure that personal protective equipment is utilized, and will enact and support physical distancing in recreational programs offered to reduce risk.

Signature of Parent/Guardian

Date

Printed Name

**Please fill out information
on reverse side!**

Please check the appropriate program, list name(s) of participants, circle fees, and check the box for age group below.

Programs	Name and Grade of Participants	Res Fee	N/R Fee	Age Group (Circle)	Start Date
<i>Co-Ed Soccer</i>		<i>\$20.00</i>	<i>\$30.00</i>	<i>Grades PK-1</i>	<i>TBA</i>
<i>Co-Ed Soccer</i>		<i>\$20.00</i>	<i>\$30.00</i>	<i>Grades 2-3</i>	<i>TBA</i>
<i>Co-Ed Soccer</i>		<i>\$20.00</i>	<i>\$30.00</i>	<i>Grades 4-6</i>	<i>TBA</i>
<i>Flag Football</i>		<i>FREE</i>	<i>FREE</i>	<i>___ Grades 1-2</i> <i>Saturdays – 9:00 – 10:00 am</i>	<i>9/11 – 10/16</i>
<i>Football</i>		<i>\$35.00</i>	<i>\$40.00</i>	<i>___ Grades 3-4</i> <i>Equipment – 8/15</i> <i>12:00 – 1:00 pm – A – H</i> <i>1:00 – 2:00 pm – I – P</i> <i>2:00 – 3:00 pm – Q – Z</i> <i>Practice – 8/17, 8/18, 8/19</i> <i>5:00 – 6:30 pm</i>	<i>8/15</i>
<i>Football</i>		<i>\$35.00</i>	<i>\$40.00</i>	<i>___ Grades 5-6</i> <i>Equipment – 8/15</i> <i>12:00 – 1:00 pm – A – H</i> <i>1:00 – 2:00 pm – I – P</i> <i>2:00 – 3:00 pm – Q – Z</i> <i>Practice – 8/17, 8/18, 8/19</i> <i>5:00 – 6:30 pm</i>	<i>8/15</i>
<i>Fall Cheering</i>		<i>\$15.00</i>	<i>\$25.00</i>	<i>___ Grades 1-3 ___ 4-6</i>	<i>TBA</i>

Registration and payment are due before participation.

FOR OFFICE USE ONLY

Date _____

Amt. Paid _____

Clerk: _____