

Office Use Only
Ck# _____
Date: _____

Over 40 Adult Soccer

Location: Lawn Avenue
Date: 10/23/11 -4/22/12 every Sunday 9:00am-11:00am
Cost: \$30

First Name Last Name

E-Mail Address Phone Number

Street Address Town / City

Emergency Contact Phone Number

Medical Information

Is there any medical condition or allergy that the Recreation Department should be made aware of?

___ YES IF YES _____
(Please specify)
___ NO

Over 40 Adult Soccer WAIVER OF LIABILITY FORM

For participants in the Jamestown Recreation Department Adult Soccer: In accordance with Section 7-6-9 of the Rhode Island General Laws (entitled "Exemption from Liability to Participants in Sponsored Athletic or Sports Events") I hereby waive any liability that the Jamestown Recreation Department Adult Soccer directors, trustees, agents, servants, or employees might have for, and agree that said association, its officers, directors, trustees, agents, servants, or employees shall not be liable for any bodily to myself while participating in the Adult Soccer, sponsored by the Jamestown Recreation Department. I realize that the Town **does not** provide medical insurance and that any injuries incurred would be my/our responsibility.

Signature of Parent/ Legal Guardian

**Please make checks payable to Jamestown Parks and Recreation
Mail to: Parks and Recreation Registrations, PO Box 377, Jamestown RI 02835**