

# Tillies Touch

## Registration Form

President/Founding Father of Tillies Touch:

Dale Johnson Phone: 254-8569

E-mail: [tilliestouch@aol.com](mailto:tilliestouch@aol.com)

**Eligibility:** Children 3<sup>rd</sup>-8<sup>th</sup> grade, boys and girls welcome!

**\*\* A \$35.00 registration fee will be assessed if financially able. \*\***

**What:** 2013 Spring Recreational Soccer Sign-Ups

**Season Schedule:** April 27- May 28

\*All clinics/games will be played on Saturday mornings at Dr. Edwin E. Weeks Jr. Elementary School at 710 Hawley Ave.

**\*\*\*Please Return Registration Forms By Friday April 19...\*\*\***



### Registration Information

Child's Name \_\_\_\_\_

Gender: (circle one) M F

D.O.B. \_\_\_\_\_

Address \_\_\_\_\_

Phone# (H) \_\_\_\_\_ / (C) \_\_\_\_\_

Current School Grade: \_\_\_\_\_ School: \_\_\_\_\_

Shirt size: S M L XL (child adult)

I/We, the parents of the above named candidate for a position on Tillie's Touch league, hereby give my/our approval to their participation in any and all League and Non-League activities. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities. I/We do hereby waive release, absolve, indemnify and agree to hold harmless this League, the organizers, directors, coaches, volunteers, sponsors, supervisors, participants, and persons transporting my/our child to or from activities, for any claim arising out of an injury to my/our child whether the result of negligence or for any other cause, except to the extent and including the amount covered by accident or liability insurance.

Parent's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_ (please print clearly)