



Town of Hampden 2020 Futsal Soccer Sign-Ups



Monday, August 31st through Monday, September 14th

(Drop off or mail to Parks & Rec. Dept. 625 Main St. Hampden, MA 01036)

****This program is available to Hampden and Wilbraham residents****

FUTSOL SOCCER INFORMATION

When: September 16, 23, 30

Where: TWB

October 7, 14 and 21

Time: 4pm-5pm

Grades: K-2 / 3-6

Cost: \$72 for the 6 week program

(Please make checks payable to "Hampden Parks & Recreation")

Player's Name: _____ Birth date: _____
 Address: _____ Grade: (as of Sept-2019) _____
 Phone: _____ Emergency Phone: _____
 Gender (M/F): _____ Email Address: _____

NO LATE SIGNUPS!!!

*****NO REFUNDS WILL BE GRANTED AFTER PROGRAM BEGINS*****

Special situations will be considered by the Parks and Recreation Board.

Release from Liability and Indemnification

I agree to waive and release the Town of Hampden, the Parks and Recreation Department and their employees and agents, whether paid or voluntary, the Recreation Association of Hampden ("RAH"), and their members from and against any and all claims, cost liabilities, expenses, or judgments, including attorney's fees and court cost arising of my or my child's participation in the Town's recreation program or any illness/injury resulting there from, and hereby agree to indemnify and hold harmless the Town of Hampden or their agents from and against any and all such claims, whether caused by negligence or otherwise, except for illness and injury resulting directly from gross negligence or willful misconduct on the part of the Town or its employees. I understand and agree that by signing this waiver I am freeing the Town of Hampden, it's employees, officers, or agents from any liability resulting from my (or my child's) participation in this sponsored event or activity. I recognize that the event can be dangerous to me (or my child) and accept these dangers. I understand that if I am (or my child is) injured, this waiver will be used against me and anyone else claiming damage because of my (or my child's) injury in any legal action. I also understand that no employee or agent is authorized to modify this waiver.

I hereby represent that: I understand and am familiar with the nature of the activities in which I (or my child) will participate in this recreational program, that I (or my child) am in good physical health, and that I (or my child) do not have physical or emotional conditions, past or present, of which I am aware, which would in any way affect my (or my child's) ability to participate in this activity. **I have personally read and understand this waiver.**

In case of emergency, I give my permission for emergency medical treatment.

This form shall be considered valid until cancelled or changed in writing by the undersigned parent/guardian/participant and received by the Town of Hampden Parks and Recreation board. My signature acknowledges that I understand and agree to the above conditions.

Signature of Parent/Guardian: _____ Relationship to participant: _____

Full Printed Name: _____ Date: _____