



2018 Winter Soccer Clinic

Town of Wappinger Recreation

Date: Saturdays: Jan. 20, 27, Feb. 3, 10, 17, 24 (6 classes)

Hours: 9:00 a.m. - 10:00 a.m. ages 5-8
10:00 a.m. – 11:00 a.m. ages 9-12

Location: Sheafe Road Elementary School

Fee: \$45.00/Child (Town of Wappinger resident)
\$60.00/Child (non-resident)



Payment: Cash, Personal Check – Payable to “Town of Wappinger”
Two proofs of residency (tax bill, utility bill, etc.) required for resident rate

Instructor: Dillon Copeland

Program Description:

Take advantage of this clinic as Coach Copeland teaches the younger kids the basics and lets the older kids hone their skills in this 7-week clinic. Open to all levels.

Contact: Recreation Department 297-0720
Town Hall, 20 Middlebush Road, Wappingers Falls, NY 12590

Sports Programs Refund Policy

This refund policy allows for a full refund up to 14 days prior to the program start. A 50% refund would be granted up to 7 days prior to the program start. Each refund would be subject to a 5% processing fee. After that time (six days before program start), there will be NO refunds.

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Child's Name:	D.O.B:	Age:
Last, First Middle		

Address:				
No.	Street	Town	State	Zip code

School Attending:	Grade:
Parent/ Guardian:	Parent/ Guardian:
Home #:	Home #:
Work #:	Work #:
Cell #:	Cell #:
Email:	Email:

In the event of an emergency and neither parent can be reached please list 2 local emergency contacts:

Name:	Phone #:	Cell#

Relationship:	Address:

Name:	Phone #:	Cell#

Relationship:	Address:
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Name of Family Physician:	Phone:
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Medical Insurance and ID Number:

Medical Information: Please check and list specifics.

Allergies		Heart Disease/Defect		Hypertension		Chronic Illness
Diabetes		Convulsions		Bleeding/Clotting		Drug Allergies
Asthma		Behavioral Problems		Food Allergies		Other

Specifics	Office Use Only
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Refund Policy Acknowledgement: Full refunds will be issued up to 14 days prior to the program start date. A 50% refund will be granted up to 7 days prior to the start date. Each refund would be subject to a 5% processing fee. After that time (six days before program start), there will be NO refunds.

INITIAL: _____ DATE: _____

TOWN OF WAPPINGER

PARENT/GUARDIAN CONSENT FORM

I hereby give my permission to allow my son/daughter _____ to participate in and attend _____ sponsored by the Town of Wappinger Recreation Department.

I acknowledge the risk of illness and injury inherent in participating in any recreational activities, including, but not limited to: sports, exercise, fitness or aerobics programs, swimming and summer camp programs and related transportation activities. I hereby allow my child to participate in said program upon the express agreement and understanding that I, as parent and/or guardian of said child, hereby waive and release, for myself, and/or my heirs, executors and administrators, any claims for damages I may have against the Town of Wappinger, or the Town of Wappinger Recreation Department, its agents, employees or designees acting on behalf of the Town of Wappinger, for any and all injuries suffered by my child in the regular and ordinary course of my child's participation in such program.

I understand that the Town of Wappinger does not provide accidental medical coverage insurance and I agree to provide my own medical insurance coverage or pay for such costs in the event of injury resulting from participation in such activities.

I hereby give permission to the Town of Wappinger Recreation Department or its agents, employees, or duly designated agent(s) to administer emergency medical care to my child in my absence in the event of injury.

Parent / Guardian Signature: _____ Date: _____

Print Name: _____

Address: _____

Emergency Phone Number: _____ Cell: _____

Check appropriate choice:

I **DO** **DO NOT** give my permission to allow any photographs taken of my child's participation in said program to be used in informational literature about the Town of Wappinger Recreation Department.

Parent / Guardian Signature: _____

Print Name: _____ Date: _____