

LOWELL PARKS SOCCER FALL 2022 VOLUNTEER COACH OR STAFF
REGISTRATION FORM

NAME _____

ADDRESS _____

PHONE # _____ DOB _____

PLEASE CIRCLE THE POSITION YOU WOULD LIKE TO FILL: HEAD COACH ASSISTANT COACH TEAM PARENT

PLEASE CIRCLE THE DIVISION: PEE-WEE [4-5] INTERMEDIATE [6-7] JUNIOR [8-10] MINOR [11-13]

IF APPLYING FOR **HEAD COACHING** POSITION PLEASE INDICATE THE FOLLOWING:

PREFERRED PRACTICE DAYS AND TIME _____ TEAM NAME _____

UNIFORM SHIRT COLOR _____ 2ND CHOICE _____

PLEASE INDICATE WHOM YOU WOULD LIKE TO BE ASSISTING AND TEAM PARENT

ASSISTANT _____ TEAM PARENT _____

HEAD COACH, ASSISTANT COACH AND TEAM PARENT PLEASE INDICATE YOUR SHIRT SIZE HERE.

SHIRTSIZE _____

ALL VOLUNTEERS PLEASE INDICATE ALL CHILDREN THAT WILL BE PLAYING IN THE LEAGUE
INCLUDING THE TEAM YOU ARE REQUESTING TO VOLUNTEER FOR

CHILD 1- _____ CIRCLE PW INT JUN MIN

CHILD 2- _____ CIRCLE PW INT JUN MIN

CHILD 3- _____ CIRCLE PW INT JUN MIN

TOWN OF LOWELL WAIVER OF LIABILITY

Whereas the undersigned acknowledges that Town of Lowell, and all of its agents, servants and employees have not made any representations or promises regarding the risks to health or limb associated with said activities and the undersigned has agreed to voluntarily incur all risks, known or unknown, of any harm or injury that may result from participating in programs or activities.

The **UNDERSIGNED**, does hereby acknowledge, that their participation in said program, activity or event is strictly voluntary; that although said activity may pose a threat to their personal health, they incur all such risks or injury or other damages and shall hold Town of Lowell and all their agents, servants and employees harmless from any and all claims, of whatsoever type of nature, that may arise from any injury or other damage that results from participation in said program, activity or event and/or the use of any facilities or equipment provided by Town of Lowell. The undersigned further releases and indemnifies Town of Lowell from all claims, of whatsoever type of nature, that may arise from participation in any such activity, program or event and agrees that said release from liability shall also bind the undersigned heirs, survivors, beneficiaries or representatives. I hereby certify that I have read and understand the above waiver and that by my signature below I agree to all terms and conditions of same without exception.

Date Type of Event/Activity Soccer Name of Participant (PLAYER) see attached

Address sees attached Phone see attached

Name Printed _____

Signature _____ DATE _____