



## Recreation and Travel Soccer

P.O. Box 106, Fremont NH 03044  
 www.fremontathleticassociation.org  
[President@fremontathleticassociation.org](mailto:President@fremontathleticassociation.org)

<b>FAA Only</b>
Paid: _____
Check #: _____
Initials: _____
Code of Conduct: _____

### SPONSOR INFORMATION

Your BUSINESS or FAMILY could sponsor a team! The cost is \$250 and your BUSINESS/FAMILY name is placed on the BACK of the team UNIFORMS or on a vinyl sign to be displayed during all games and/or in the concession stand.



Check below and someone will contact you with more information

Business/Family Name: \_\_\_\_\_

Contact Name and Phone Number: \_\_\_\_\_

### RECREATION SOCCER

Make checks out to **FAA** (Fremont Athletic Association)

**The FAA reserves the right to place athletes at the appropriate age level**

#### Recreation Level

Coed teams: **U6, U8 play exclusively on Saturdays.**

**U10 & U12 practices once a week and has one game a week.**

<p><b>\$50</b> <input type="checkbox"/></p> <p><b>\$50</b> <input type="checkbox"/></p> <p><b>\$60</b> <input type="checkbox"/></p> <p><b>\$60</b> <input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>U6 (under 6) Ages, 4 and 5 as of Sept. 30, 2016</p> <p>U8 (under 8) Ages, 6 and 7 as of Sept. 30, 2016</p> <p>U10 (under 10) Ages, 8 and 9 as of Sept. 30, 2016</p> <p>U12 (under 12) Ages, 10 and 11 as of Sept. 30, 2016</p>
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**Recreation soccer questions: Contact Dan Chiacchia at [danchiacchia@hotmail.com](mailto:danchiacchia@hotmail.com).**

### TRAVEL SOCCER

Competitive teams practice twice each week with games on weekends and tournaments possible on Labor Day and Columbus Day weekends. Tryouts will be held in June if necessary.

**Travel soccer age** is now based on the player's birth year. Below are travel teams we expect to offer.

	<u>BOYS</u>		<u>GIRLS</u>
<b>\$150</b> <input type="checkbox"/>	U10 (born 2007 or 08)	<b>\$150</b> <input type="checkbox"/>	U13 (born 2004 or 2005)
<b>\$150</b> <input type="checkbox"/>	U13 or 14 (born 2003, 04, 05)		

We also have some interest in travel teams for 2008-9 girls and boys and 2007 girls. We will consider teams in any age group if enough players register.

**Travel soccer questions: Contact Glenn Sabalewski at [Sabalewski@comcast.net](mailto:Sabalewski@comcast.net).**

### DEADLINES

**Non-Fremont residents** are charged an **additional \$10** and allowed to play provided there are positions available

**Late fee of \$25** for sign-ups **after 7/1 for rec. & 6/3 for travel** – players may be put on a waiting list

**FAMILY DISCOUNTS, \$5 off each additional player after your first**

### PLAYER INFORMATION

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SHIRT SIZE: YOUTH Sizes ( ) SMALL ( ) MEDIUM ( ) LARGE  
 ADULT Sizes ( ) SMALL ( ) MEDIUM ( ) LARGE ( ) EXTRA LARGE

PHONE #: (HOME) \_\_\_\_\_ Father Cell: \_\_\_\_\_ Mother Cell: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FATHER: \_\_\_\_\_ MOTHER: \_\_\_\_\_

EMAIL (PLEASE): \_\_\_\_\_

HEALTH CONCERNS: Please describe: \_\_\_\_\_

### VOLUNTEER SUPPORT

**Mandatory, everyone is expected to volunteer**

- ( ) **Coach** (you must be NYSCA certified for Recreation & NHSA for travel)  
 Coaches please indicate: Shirt Size: \_\_\_\_\_ Father ( ) Mother ( )
- ( ) **Concession Stand** (Everyone will be expected to volunteer at least once)
- ( ) **Team Parent** (Organization of the concession stand for your team)



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**EMERGENCY CONTACT INFORMATION**

CHILD'S DOCTOR: \_\_\_\_\_ PHONE #: \_\_\_\_\_

HOSPITAL of CHOICE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

PLEASE list the names of TWO PEOPLE who will assume TEMPORARY CARE of YOUR CHILD IF YOU CANNOT BE REACHED.

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**Release and Waiver of Liability and Indemnity Agreement**

In recognition of the permission granted to the participant named on this form to participate in the YOUTH SPORTS PROGRAM, I/We SHALL RELEASE, WAIVE DISCHARGE AND CONVENANT NOT TO SUE the Town of Fremont, the Fremont Athletics Association/Recreation Commission, their agent and employees from all liability for any and all loss or damage, and any claim or demands therefore because of injury to the person or property or resulting in death of the named participant except in the case of gross or willful wanton negligence of the Town of Fremont, the Fremont Athletic Association/Recreation Commission, its agents and employee or otherwise while the named participant participates in Fremont Youth Sports.

I/We further agree to indemnify the Town of Fremont, the Fremont Athletic Association/Recreation Commission, their agents and employees from any and all liability, loss, or damage including but not limited to bodily injury, illness, death or property damage that the Town of Fremont, the Fremont Athletic Association/Recreation Commission, their agents and employees become legally obligated to pay including reasonable attorney's fees and costs, as a result of claims, demands, costs or judgments, against the Town of Fremont, the Fremont Athletic Association/Recreation Commission, their agents and employees on account of injury to the person or property or resulting in the death of the named participant except in the case of gross or willful wanton negligence of the Town of Fremont, the Fremont Athletic Association/Recreation Commission, their agents or employees and whether or not such liability is sole, joint or several.

I/We am aware that participation in this program may present a strain on my child's body, or its parts and therefore I represent to the Town of Fremont, the Fremont Athletic Association/Recreation Commission that to the best of my knowledge, my child is in a proper physical condition to allow him/her to participate and that I/We assume the risk of participating.

I/We understand that the above program involves traveling to various sites. I/We will accept full responsibility for the transportation of my child to and from these activities. I/We release, indemnify, and hold harmless persons providing such transportation

I/We understand that incase of accident or serious illness, I/We request the Fremont Athletic Association to contact me. If the Fremont Athletic Association or its authorized representative is unable to reach me, I hereby authorize the Fremont Athletic Association to contact the Physician indicated on the front of this form and to follow his/her instructions. If it is impossible to contact this Physician, the Fremont Athletic Association may make whatever arrangements necessary.

I/We, the parents/legal guardian, the undersigned, have read this release and understand all its terms. I/We execute is voluntarily and with full knowledge of its significance. I/We have executed this release on this date indicated next to my/our names.

\_\_\_\_\_  
 SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
 DATE

**Uniform Policy – Mandatory for Travel Soccer only**

I/We agree to return any uniforms and/or equipment owned by the Fremont Athletic Association and used by our child while participating in this sport, in the time allotted for the return of these items. I/We further understand that by not adhering to this policy we will be billed for the replacement costs of these items and will be required to secure a deposit of **\$75.00** for each future event that our child participates in that is sponsored by the Fremont Athletic Association. Deposit to be returned, with no payment of interest, after receipt of Fremont Athletic Association property.

By my signature below I/We understand and acknowledge this policy agreement between I/We and the Fremont Athletic Association.

\_\_\_\_\_  
 SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
 DATE