

ALL FIELDS ARE REQUIRED

RECREATION SOCCER

Stone Field
See prices below
Recreation Staff

See times below
Saturdays: Sept. 18 - Oct. 23
Ages 2 - 7

2 YEAR OLDS - \$45 RES / \$50 NON-RES

CLASS #:	TIME:
RS2A	9:00 - 9:30 a.m.
RS2B	9:45 - 10:15 a.m.
RS2C	10:30 - 11:00 a.m.

3 YEAR OLDS - \$45 RES / \$50 NON-RES

CLASS #:	TIME:
RS3A	9:00 - 9:30 a.m.
RS3B	9:45 - 10:15 a.m.
RS3C	10:30 - 11:00 a.m.
RS3D	11:15 - 11:45 a.m.

4 YEAR OLDS - \$45 RES / \$50 NON-RES

CLASS #:	TIME:
RS4A	9:00 - 9:30 a.m.
RS4B	9:45 - 10:15 a.m.
RS4C	10:30 - 11:00 a.m.
RS4D	11:15 - 11:45 a.m.
RS4E	Noon - 12:30 p.m.
RS4F	12:45 - 1:15 p.m.

BEG. 5 YEAR OLDS - \$60 RES / \$65 NON-RES

CLASS #:	TIME:
RS5B1	9:00 - 9:45 a.m.
RS5B2	10:00 - 10:45 a.m.
RS5B3	11:00 - 11:45 a.m.

ADV. 5 YEAR OLDS - \$60 RES / \$65 NON-RES

CLASS #:	TIME:
RS5A1	9:00 - 9:45 a.m.
RS5A2	10:00 - 10:45 a.m.
RS5A3	11:00 - 11:45 a.m.

6 & 7 YEAR OLDS - \$60 RES / \$65 NON-RES

CLASS #:	TIME:
RS6A	9:00 - 9:45 a.m.
RS6B	10:00 - 10:45 a.m.
RS6C	11:00 - 11:45 a.m.

PRIMARY CONTACT NAME: _____ PRIMARY CONTACT D.O.B.: _____ (REQUIRED)

EMAIL: _____

HOME PHONE: _____ CELL: _____ WORK PHONE: _____

MAILING ADDRESS: _____ (STREET) _____ (TOWN) _____ (ZIP)

SECONDARY CONTACT: _____ PHONE: _____

REGISTRANT KNOWN ALLERGIES: _____

CLASS #	REGISTRANT'S FULL NAME	SEX	DATE OF BIRTH	GRADE	FEE

MAKE CHECKS PAYABLE TO :
TOWN OF WALPOLE **TOTAL**

Read and Sign Below: I am fully aware of the risks inherent and hereby give my consent for the above named registrant(s) to participate in the program(s) offered by the Walpole Recreation Department, and hereby release the Town of Walpole, any of its elected or appointed officials or instructors, employees, volunteers, or program coordinators from any and all liability from injuries, claims, demands, costs, loss of services, expenses and/or damages sustained by me or us or our minor children on account of his or her participation in said program or event.

DATE: _____ SIGNATURE: _____ PRINTED NAME: _____

FOR OFFICE USE ONLY		TIME STAMP	COMPUTER INITIALS
DATE RECORDED: _____ / _____ / 2010	RECEIVED BY: _____		
CK # _____	CASH # _____	AMOUNT: _____	