

**Eastham Recreation & Beach Department~Fall 2017**

**Registration is OPEN!**

**Please stop at the office to sign up or mail us the form and payment!  
(2500 State Highway, Eastham, MA 02642)**



**Soccer Tots**

**Ages 4 and 5**

**Fee: \$30.00**



**Practices: TBD by coach~ will begin early September on the Field of Dreams  
Volunteer Coach needed to run this program!**

**Soccer**

**Grades: K - 1 & Grade: 2**

**Fee: \$30.00**

**Practices: TBD by coaches- will begin early September on the Field of Dreams  
Volunteer Coaches needed to run these programs!**



**Soccer**

**Grades: 3 - 6**

**Fee: \$30.00**

**Practices: TBD by coaches ~ begins early September  
Season: September 23- November 4**



**Games: Grades 3 & 4 ~ Saturdays 10:00am    Grades 5 & 6 ~ Saturdays 11:00am**

**Home games and practices held on the Field of Dreams**

**Volunteer Coaches needed to run these programs!**

**(\*Actual game times will be dependent on number of teams and location of games.)**

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**For information or questions.. please call the Eastham Recreation Office at  
(508) 240-5974. Registration form on the back!**

***PLEASE REGISTER SOON!***

Sport/Program/Event: \_\_\_\_\_

**Eastham Recreation Department**  
**Registration Form**

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Best phone number to contact you: \_\_\_\_\_

Do you text?    Yes            No    If yes, what number? \_\_\_\_\_

Participant's D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_ and Grade: \_\_\_\_\_

T-shirt Size: Youth M L XL    Adult S M L XL XXI

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Phone(s): \_\_\_\_\_

Allergies/Medical Concerns: \_\_\_\_\_

Do you have medical insurance? (Please circle one)            Yes            No

Would you like to be added to our email list to receive notice of events & programs?

Yes            No            Already on list!

If yes, please provide your email address: \_\_\_\_\_

I, the undersigned, understand that there is an inherent risk in recreational programs and that the risk of injury can be minor to severe. I also understand and accept that in case of injury, the Town of Eastham is responsible only for First Aid treatment.

I also understand that participation in recreation programs requires all participants and spectators to behave in a sportsman-like manner.

Media Release:            Pictures/video taken in connection with this program/event may be used for promotional purposes for the Town of Eastham.

(Please circle one)            I Agree            I Disagree

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date