

Connecticut Glory

834 South Main Street
Seymour, CT 06483
(203) 734-1852

realamerican@adelphia.net

2008 Fall League Registration Form

Please Print Clearly

Circle One: **Boys Division** **Girls Division**

Name _____ **Position** _____

Address _____ **Grade as of 9/1/08** _____

_____ **Height** _____

Home Phone _____

Parent/Guardian Email Address: _____

If a parent is interested in coaching, please fill in the information below.

Name _____ **Phone** _____

Email Address _____

If you would like to be placed with friends for carpooling reasons, list their names here:

Please make checks payable to CT Glory.

Individual Registration: \$125 per player **CHECK #** _____
Team Registration: \$875 per team

Are you presently covered by health insurance? Yes _____ No _____

I waive and release the Connecticut Glory Fall League from any and all liability from injury and illness while traveling to the league, playing in the league at EHHS, and while traveling home from the league. I, as parent/guardian, have actual knowledge and appreciation of the particulars of the program and hereby voluntarily consent to my minor's participation, and assume the risk therefrom. I hereby give permission for emergency treatment in the event I cannot be reached.

Parent/Guardian Signature: _____ **Date** _____