



MAGMAH ALTERNATIVE SOCCER PROGRAM

Fall 2019 REGISTRATION FORM



The MAGMAH program offers a 6 week soccer clinic for children who benefit from 1:1 support and guidance. [Registration for the 2019 Fall session will be open through Sept. 10th, 2019.](#) Spaces will be limited so please register early.

DATES: **September:** 15th & 22th **October:** 6th, 20th, & 27st **November:** 3RD

Session times: **A:** 9:30-10: 30 am **B:** 10:30-11:30 am

Place: Putnam Valley High School Gym- 146 Peekskill Hollow rd Putnam Valley

PLAYER INFORMATION:

NAME: _____ DOB: _____

SCHOOL & TEACHER NAME: _____

PLEASE TELL US SOMETHING ABOUT YOUR CHILD:

T-SHIRT SIZE: CHILD: SMALL MED LARGE ADULT: SMALL MED LARGE

If you are a returning athlete - please let us know if you need a new shirt

SESSION PREFERENCE: SESSION A SESSION B

Please note we will do our best to place your child in the session of your choice.

FEES: \$50 per player

Payment must be made by/at the first session, *scholarships are available upon request.* Payment: CASH/CHECK/CREDIT CARD can be made at Putnam Valley Park & Recreation (*checks made out to PVPR*)

PARENT INFORMATION:

Parents/Guardian name: _____

Email: _____ Cell Phone: _____

I, the parent/guardian of the registered participant, a minor, agree that the participant and I will abide by the rules and regulations of the Putnam Valley MAGMAH soccer program. In consideration of the participant's participation in the program, intending to be legally bound, I hereby release and indemnify the Putnam Valley MAGMAH's, the owners and operators of the facilities used for the program, and each of their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages, or causes of action arising out of or in connection with the participant's participation in the program.

Parent/Guardian Signature

Date

If you have any questions, please contact
Diane O'Rourke @ pcdorourke@gmail.com or Jen Zimmerman @ jzimm0529@gmail.com