



**Putnam Valley MAGMAH Alternative Soccer Program  
Player Registration Form Spring 2018**

The Putnam Valley MAGMAH's are offering a soccer clinic for children who benefit from 1:1 support and guidance at Putnam Valley High School \* 146 Peekskill Hollow Rd \* Putnam Valley

**Session Times: A: 9:00-10:00 B: 10:00-11:00 Dates: Mar 11,18, 25 \* Apr 8,15, 22**

**Player's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Please tell us something about your child:**

**School Name:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**T-shirt size:** Child: sm – med – lg – ex lg Adult: sm – med

**Session Preference:** A: \_\_\_\_\_ B: \_\_\_\_\_

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

**Cost per player \$ 40** – If registering electronically please bring your check, made out to **PVPR**, to the first session. If registering in person, please attach your check to your registration form and submit them at the first session.

**\*Scholarships are available upon request\***

**Parent(s) Name(s):** \_\_\_\_\_

**Email(s):** \_\_\_\_\_

**Cell #(s):** \_\_\_\_\_

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 Jen: [jzimm0529@gmail.com](mailto:jzimm0529@gmail.com) or Diane: [pcdorourke@gmail.com](mailto:pcdorourke@gmail.com)**