



Town of Schuyler Falls Recreation Department



Futsal Youth Registration

Name: _____ Age: _____

Address: _____ Grade: _____

Phone: _____

Date of Birth: _____ Gender: _____

Allergies or Physical Limitations: _____

Alternative Emergency Contact:

Name: _____ Phone: _____

Program: _____

Interested in Coaching?: _____ Phone: _____

I understand that I must have a signed "Waiver & Release of Liability" on file with the town recreation department to be eligible to participate in the program.

(Signature of Parent) Date: _____