WARREN RECREATION DEPARTMENT

~2025-2026~

JOHN LEACH *– PHONE: 542-6883* ***EMAIL:*** ***recreation@warrenmaine.org***

Please X (check) the sport YOUR CHILD would like to participate in.

This is the main sign-up for Rec. Dept. sports. Please return this completed form to the School (or Rec.Director) promptly. You will be informed of evaluations or event dates through announcements made at School and sent home in the weekly School Newsletter and on Facebook when the time comes.

X	SPORT:	AGE-GRADE:	TIME FRAME*:
___	Voluntary Cheer Practices (Free)	Grades 4-6 (2025 summer)	Not offered in 2025*
___	(COED)Pre- K-2 SOCCER **($35)**	Grades Pre-K- 2	Mid. Sept.-October
___	(COED) 3rd & 4th SOCCER **($35)**	Grades 3-4	Early Sept.-October
___	(Boy's) 5th & 6th "Mid-Coast League" SOCCER **($35)**	Grades 5-6	September -October
___	(Girl's) 5th & 6th "Mid-Coast League" SOCCER **($35)**	Grades 5-6	September -October
___	(COED) K-2 BASKETBALL **($35)**	Grades K-2	January -February
___	CHEERING (Sideline) **($30)**	Grades T.B.D	Mid. Nov -January
___	CHEERING (Comp.) Warren Resident **($45) ($60)**	Grades K-6	November -March
___	CHEERING (Comp.) Non-Resident **($55) ($70)**	Grades K-6	November -March
___	(COED) TEE-BALL **($30)**	Ages 4-6	May-June
___	LOWER "MINOR LEAGUE" SOFTBALL **($30)**	Ages 7-12	May-June
___	GIRL'S "LITTLE LEAGUE" SOFTBALL **($30)**	Ages 9-12	Mid. April-July
___	UPPER "MINOR LEAGUE" BASEBALL **($30)**	Ages 9-12	May-June
___	LOWER "MINOR LEAGUE" BASEBALL **($30)**	Ages 6-8	May-June
___	BOY'S "LITTLE LEAGUE" BASEBALL **($30)**	Ages 9-12	Mid. April-July

****NOTE:*** *A Discount will be given to families with more than one child in a program per season(**$35/$60**). Participants from outside of Warren will add a $10* ***NON-RESIDENT FEE.*** ***PLEASE MAKE CHECKS PAYABLE TO "TOWN OF WARREN"***

BECOME A FRIEND ON ***FACEBOOK*** *AT* ***WARREN RECREATION*** *AND/OR* ***WARREN RECREATION PEE-WEE CHEER LEADING*** *AND CHECK OFTEN FOR NEW PROGRAMS, UPDATES, INFORMATION AND CANCELLATIONS.*

CHILD'S NAME: _____ GIRL: _____BOY: _____

HOME ADDRESS: _____TOWN: _____

GRADE: ____ AGE: ____ D. O. B.: _____ HEALTH CONCERNS: _____

PARENT/GUARDIAN NAME: _____HOME PHONE: _____

CELL PHONE: _____WORK PHONE: _____ EMAIL: _____

EMERGENCY CONTACT (if parents unavailable): _____

EMERGENCY CONTACT home or cell phone: _____ WORK PHONE: _____

Child's Shirt Size: YS (6-8) YM (10-12) YL (14-16) YXL (18-20) Adult sizes: S M L XL 2XL

Does your child reside in more than one household / shared custody? Please Circle: YES NO

Would you like to volunteer to help? YES / NO **(Remember: without volunteers, we have no programs!)** If **YES**, please **CIRCLE** the appropriate item(s): **COACH /ASSIST. COACH / REFEREE / UMPIRE /KEEP BOOKS / RUN THE SCOREBOARD / FUND RAISE / SET UP / CLEAN UP / DO CONCESSIONS / FIELD MAINTENANCE / UNIFORM REPAIR / PHONE CALLING** Also, please **CIRCLE** the sport(s) you would like to help with: **SOCCER / BASKETBALL / CHEER / SOFTBALL / BASEBALL**

I, the undersigned, agree & understand that partaking in any of the above-named activities may be hazardous and could result in injury or illness. I certify that my child has my permission, is physically capable of participation, and I assume all risks of injury or illness involved with any of the above activities. Furthermore, I hereby for myself, my heirs, executors and administrators, waive and release all rights & claims I may have against the Town of Warren, the Warren Recreation Department, Warren Community School, R.S.U 40 and the Warren First Baptist Church, their agents and representatives for any and all injuries or illnesses suffered by me or my child due to any of these programs. I have read and understand the above information and agree to abide by it. I understand the Warren Recreation Department strongly recommends that I/we have accident & health insurance in force when participating in any Warren Recreation program.

X_____ DATE: _____

(Signature of parent or guardian)

PLEASE RETURN THIS COMPLETED FORM and REG.FEE TO THE ***Recreation Director*** *OR SCHOOL OFFICE* ***AS SOON AS POSSIBLE***!

ZERO TOLERANCE ALLOWED TOWARDS OFFICIALS FROM COACHES / FANS

PAID: Amount____/____/____/____/____Cash ___/___/___/___/___Check# _____/_____/_____/_____/_____