

Springfield Township Recreation - 2010 Fall Soccer Registration Form

Please visit - www.springfieldtownshiprec.org

Mail in registration made payable to - Springfield Township Recreation - P.O. Box 119; Jobstown, NJ 08041

Or drop off in the Box located in front of the Township Building on Island Road.

REGISTRATION DEADLINE: JUNE 30, 2010

Registration Fee: \$50.00 for the first child and \$40.00 for each additional child (Maximum \$ 130)

Make Checks Payable to: Springfield Township Recreation. Questions Contact Peter Hughes : peterhughes@comcast.net

Eligibility: Boys and Girls 1st to 8th Grade. (as of October 2010) (Kindergarten Soccer Registration is held in the Fall)

Participant's Name _____ M F

Birth Date _____ Grade as of October 1, 2010 _____

Street _____ Township/Zip _____

2009 Coach _____ If Travel Player What Age Group _____

Shirt Size (please circle): S M L XL Youth Adult

Short Size (please circle): S M L XL Youth Adult

Please Note: YS = 6, YM = 8, YL = 12, YXL = 14 -- These are estimated sizes. A \$30 Uniform deposit will be collected when uniforms are distributed. (Please DO NOT include uniform deposit with registration fee). By signing this registration form, I agree to return, at season's end, any returnable uniform issued to my child, or forfeit my \$30 deposit.

I'm interested in...

COACHING (please circle Level) (Grade 1/2) Girls(3/4) Boys (3/4) Girls(5/6) Boys (5/6) Girls(7/8) Boys (7/8)

ASSISTING (please circle Level) (Grade 1/2) Girls(3/4) Boys (3/4) Girls(5/6) Boys (5/6) Girls(7/8) Boys (7/8)

SPONSORING (Contact name) _____ Phone # or email: _____

NOTE: Coaches and Assistants must be Rutgers Safety Trained and fingerprinted as well as subject to background check.

To Whom It May Concern:

I as parent/guardian assume all risks and responsibilities for my child/myself while participating in the Springfield Township Recreation Program. As parent/guardian of _____, a minor, I herewith authorize treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. To the best of my knowledge, my child is in good physical condition to compete in Springfield Township Recreation Soccer.

Father/Guardian Name _____ Phone: _____

Mother/Guardian Name _____ Phone: _____

Address _____ Township/Zip _____

E-mail address _____

Family Physician _____ Phone: _____

Participant's Medical Conditions or Allergies _____

Emergency Contact _____ Phone: _____

This release form is completed and signed of my own free will.

Signature _____ Date _____

Springfield Township Recreation Email List

I would like to receive email updates from the Springfield Recreation committee of upcoming events, activates and registrations. Preferred email address: _____