



TRAVEL REGISTRATION FORM

PLAYER NAME: _____

PARENT'S NAME: _____

ADDRESS: _____

PHONE NUMBER: Home: _____ Cell: _____

EMAIL ADDRESS(ES): _____

BIRTH DATE: _____ SCHOOL: _____

REGISTRATION FEE: \$100.00

CONSENT AND RELEASE

As parent or legal guardian of the child name above, by signing below: (i) I consent to and approve my child's participation in programs sponsored by the East Hanover Soccer Club (EHSC); (ii) I acknowledge and understand that soccer is a contact sport and involves a risk of personal injury; (iii) I assume all risk of personal injury arising from my child's participation in the EHSC program; (iv) I release, give up and waive all claims of causes of action (past, present, and future) against the EHSC and its trustees, officers, representatives and anyone else acting on its behalf, including but not limited to claims based on physical injury or illness; and (v) I acknowledge and understand that this Consent and Release is intended to be a legally binding document which will affect my legal rights.

Signature _____ Date _____

Parent/Legal Guardian

Print Name _____

WE NEED VOLUNTEERS

I would like to help with Coaching Assistant Coach Board Member

PRINT NAME _____