

**FORM MUST BE SUBMITTED BY CLOSE OF BUSINESS (4:30PM) MAY 27<sup>th</sup> , 2010 TO EAST HANOVER RECREATION CENTER NO EXCEPTIONS**



## **EAST HANOVER SOCCER CLUB 2010 TRAVEL REGISTRATION FORM**

**Please Print Clearly**

Player Name: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Player Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Player School: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_

Medical Insurance Policy #: \_\_\_\_\_

- **NON-REFUNDABLE TRYOUT FEE PAYABLE TO EHSC: \$20.00**
- **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 EHSC programs; (iv) I release, give up and waive all claims of causes of action (past, present, and future) against the EHSC, its trustees, officers, representatives, the Township of East Hanover, NJ, any EHSC agents, assignees and person acting on the behalf of the EHSC, 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: \_\_\_\_\_