

**FORM MUST BE COMPLETED AND SUBMITTED BY MAY 11th TO  
EAST HANOVER RECREATION CENTER NO EXCEPTIONS**



**TRAVEL REGISTRATION FORM**

**PLAYER NAME:** \_\_\_\_\_

**PARENT'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBER: Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**EMAIL ADDRESS (ES):** \_\_\_\_\_

**BIRTH DATE:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

**MEDICAL INSURANCE PROVIDER:** \_\_\_\_\_

**MEDICAL INSURANCE POLICY #:** \_\_\_\_\_

**NON-REFUNDABLE TRYOUT FEE PAYABLE TO EHSC: \$20.00**

**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.

I, furthermore, agree to hold harmless, the East Hanover Soccer Club and the Township of East Hanover, for any physical harm that might be incurred during the course of the season. My child has been recently examined by his/her physician and is cleared to play in this activity. I understand that my child is required to be covered by primary medical insurance in order to participate in this program, and confirm that he/she is covered by a primary medical insurance policy. I will notify you immediately, if he/she no longer has this coverage.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Parent/Legal Guardian**

**Print Name** \_\_\_\_\_