

Make Checks Payable to:
HUB SOCCER of DENVILLE, INC.
PO Box 1048
Denville, NJ 07834

School Grade as of September 2008:

FALL 2008

[PreK Participants Must Be 4 as of 9-1-08]

HUB SOCCER of Denville, Inc.

REGISTRATION FORM

Pre-K through 8th Grade

Fees: 1 child > \$85 2 Or More > \$150

LATE REGISTRATION FEE EFFECTIVE FOR ALL PAYMENTS RECEIVED ON OR AFTER 6-18-08

*****ON/AFTER 6-18-08: \$85 per player/\$150 Family Maximum*****

September 2008 School Grade: _____ (Example: PreK, K, 1, 2, 3, 4, 5, 6, 7 or 8)

Did your child play in the 2008 Spring or Winter-Indoor Session? YES or NO (circle one)

Child's Last Name _____ First Name _____

Address _____ Town _____

Phone # _____ Emergency Ph. # _____ Cell # _____

GENDER: Male or Female DATE OF BIRTH: _____

MEDICAL INFORMATION:

Doctor's Name _____ Doctor's Phone # _____

Insurance Company _____ Policy # _____

CIRCLE WHICH MEDICAL CONDITION IS APPLICABLE & DESCRIBE BELOW:

Heart Shortness of Breath Asthma Diabetes Kidney Chest Pains Hearing Concussion(s)

Vision (other than corrective lenses) Skull Fracture Convulsions Headaches Allergies

Bone,/Joint or Muscular Hernia Past Operations Other _____

Does Your Child Take Medicine Regularly? YES or NO. If "YES", Describe: _____

Does your child require special medication to be taken in certain emergencies? YES or NO.

If "YES" please provide detailed, written instructions to the coach prior to participation in the program.

Please indicate how you can help HUB Soccer: Coach _____ Team Parent _____ Sponsor _____

Email Required for Director & Coach to communicate with you: _____

[To get more info and be on the HUB Soccer's broadcast email list, please go to www.hubsoccer.com & email the web master your request to be added]

I, the parent or guardian of the player named above, do hereby give my permission in my absence for any necessary emergency medical treatment to be administered by a licensed physician. I also give my approval for his/her participation; I absolve, indemnify and agree to hold harmless HUB Soccer of Denville, Inc. its sponsors, coaches and other participants from all such risks and hazards.

Signature _____ Date _____

Method of Payment: Check # _____ Amount _____ Cash _____ Receipt # _____ Amount _____

IMPORTANT! DID YOU FILL IN YOUR CHILD'S 2008 FALL SCHOOL GRADE AT THE TOP?