

HUB Soccer of Denville, Inc.
CHALLENGER Division

(For Special Needs Players)

FALL 2009 Registration Form

*****AGES 4 Through 14*****

REGISTRATION DEADLINE IS 8-1-09

Challenger Player Fees: \$65 1 child,

\$110 for 2, 3 or more \$125

Make checks payable to

HUB Soccer

Fees for non Challenger are \$85 per player after 6-26-09

MAIL TO:

HUB Soccer of Denville, Inc.

PO Box 1048

Denville, NJ 07834

AGE in September 2009 : _____ Date of Birth _____

Child's Last Name _____ First Name _____

Address _____ Town _____

Phone # _____ Emergency Phone # _____ C# _____

GENDER: Male or Female

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: Head Coach _____ Asst. Coach _____ Team Parent _____ Sponsor _____

Email address is needed for your director & coach to communicate with you: _____

[To get on HUB Soccer's group 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 _____

>> FOR MORE INFO: www.hubsoccer.org Get on our group email list ! <<

IMPORTANT! DID YOU FILL IN YOUR CHILD'S 2009 SEPTEMBER AGE?