

# HUB Soccer of Denville, Inc.

## MUNCHKIN *AFTERNOON* DIVISION

Munchkin Division is for those parents preferring an afternoon soccer program  
(Munchkins play Wednesday & Saturday afternoons)

# FALL 2010

### REGISTRATION FORM

\*\*\* For Ages 3.5, 4 & 5 \*\*\*

**REGISTRATION DEADLINE IS 8-1-10**

**COST: \$70 Per Child**  
**\$125 Family Max – 2 or more Munchkins**  
**Family max N/A after 6/15 to recreation sign ups**  
**Make checks payable to HUB Soccer of Denville, Inc.**

**MAIL TO:**  
**HUB Soccer of Denville, Inc.**  
**Box 1048**  
**Denville, NJ 07834**

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_

Phone # \_\_\_\_\_ Emergency Phone # \_\_\_\_\_ C# \_\_\_\_\_

**AGE AS OF 9/1/10:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**GENDER: Male or Female**

Email address is needed for your director & coach to communicate with you: \_\_\_\_\_  
[To get on HUB Soccer's broadcast email list, please email the web master your request to be added]

**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.**

**Are you interested in joining the HUB Soccer Board of Directors? Yes or No**

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](http://www.hubsoccer.org) Get on our email distribution list ! <<

**DO NOT DROP FORMS @ DENVILLE RECREATION – THEY ARE NOT HUB SOCCER !**