

8 v 8 Soccer of Denville

STRIKER CLINIC

For Travel Players U8 > U14

REGISTRATION FORM

REGISTRATION DEADLINE IS 7/6/10

COST: \$40 Per Player

MAIL TO:

8 v 8 Soccer

PO Box 1048

Denville, NJ 07834

Make checks payable to:

8 v 8 Summer League of Denville, Inc.

DAY/START/FINISH DATE: Tuesdays of 7/6, 7/13, 7/20 & 7/27

AGE GROUP/DAY/TIME: U8 > U10 - Tuesdays 5:45 to 7:00

AGE GROUP/DAY/TIME: U11 > U14 - Tuesdays 7:05 to 8:20

LOCATION: Upper Knuth Soccer Field

For Additional Info: Don Casse, 973-627-8173 – doncasse@aol.com

PLAYER'S SEPTEMBER TRAVEL AGE GROUP: _____

T-SHIRT SIZE: _____

Child's Last Name _____ First Name _____

Address _____ Town _____

Phone # _____ Emergency Phone # _____ C# _____

GENDER: Male or Female **DATE OF BIRTH: _____**

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

MEDICAL INFORMATION:

Doctor's Name _____ Doctor's Phone # _____

Insurance Company _____ Policy # _____

ADVISE OF ANY MEDICAL CONDITION COACHING STAFF SHOULD BE AWARE OF: _____

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.

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 the 8 v 8 Summer League of Denville, Inc., 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 _____