

# HUB SOCCER FALL 2007

REGISTRATION FORM

**\*\*\*Pre-K through 8<sup>th</sup> Grade\*\*\***

**REGISTRATION DEADLINE IS 6-22-07**

Fees: \$45 1<sup>ST</sup> Child - \$45 2<sup>ND</sup> Child  
\$100 family maximum for 3 or more children  
LATE FEE: \$10  
Make checks payable to HUB Soccer, Inc.

MAIL TO:  
HUB Soccer  
PO Box 1048  
Denville, NJ 07834

**SCHOOL GRADE FALL 2007:** \_\_\_\_\_ (Example: PreK, 1, 2, 3, 4, 5, 6, 7 or 8)

Male (M) or Female (F) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ **\*\*PreK Must Be Age 4 as of September 1\*\***

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

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

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

## 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

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

**NOTE: To get on broadcast email list, send the web master an email requesting 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 \_\_\_\_\_

**DID YOU WRITE IN YOUR CHILD'S FALL 2007 SCHOOL GRADE AT THE TOP ?**

**DO NOT SEND CASH WITH MAIL IN REGISTRATIONS & DO NOT MAIL TO DENVILLE REC !**

**>> FOR MORE INFO: [www.hubsoccer.org](http://www.hubsoccer.org) <<**