

6th Annual

8v8 SOCCER LEAGUE

2008 GIRL'S HIGH SCHOOL & CLUB TEAMS

SPONSORED BY: 8 V 8 SUMMER LEAGUE OF DENVILLE, INC.

DATE: June (30th) July (2nd)(7th,9th)(14th,16th)(21st,23rd)

*****make-up games will be scheduled for the (28&30th)*****

PLACE: Veterans Field, Zeek Rd., Denville, NJ

TIME: 5:00 - ???

COST: \$550 per team

This league will allow your athletes the opportunity to play in a competitive atmosphere throughout the summer and prepare them for their upcoming season. Last year we had over 20 different teams participating. Spaces are limited, so please send your deposits in immediately to reserve your spot. Last year we had to turn late responders away. Please fill out the bottom portion of this form and mail or e-mail this information to stephz17@yahoo.com. A deposit of \$250 is required to reserve your spot. Each team receives 12 t-shirts.

*We will also be fine tuning the rules requiring an adult presence on the bench for each team before the game starts & remaining there during the game. The "coach" will have to present himself/herself to the ref before the game. No coach =s no play.

Please make checks payable to 8v8 Summer League; deposits are due by May 15th along with the bottom portion of this form. Individual player checks will not be accepted.

The teams will be split into three levels (V/JV/Frosh). Please specify the level of your team.

Please mail to: Stephan Zdanowicz, 19 Tulane Rd. ,Flanders, NJ 07836

If you have any questions please call me at (201) 519-1681, or email me at stephz17@yahoo.com.

detach _____

High School/Club Name _____

Phone Number _____

Coach/Team Rep(s). _____

Number/Level of Teams _____ F JV V

Address _____ Amount Enclosed _____

E-mail _____

GIRLS 8 V 8 PLAYER REGISTRATION FORM

2008

PLAYER FEE: _____

MAKE CHECK PAYABLE TO CASH & GIVE TO YOUR COACH OR MANAGER. YOUR COACH/MANAGER IS RESPONSIBLE FOR THE TEAM'S REGISTRATION & TOTAL COST. THE LEAGUE WILL NOT ACCEPT INDIVIDUAL PLAYER CHECKS OR CASH.

PLAYER NAME _____ DOB _____ GRADE FALL 2008 _____

Address _____ Town _____

Phone # _____ Emergency Contact, Relationship, Phone # _____

MEDICAL INFORMATION:

Does your child take medicine regularly? YES NO. If "YES", please describe medicine & reason:

Does your child require special medication to be taken in certain emergencies? YES NO.
If "YES" please provide detailed, written instructions to the coach prior to participation in the program.

If "YES" describe medication: _____

My child is physically fit and has no medical or physical condition prohibiting him/her from participating in the 8v8 Summer League.

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 8v8 Summer League, its sponsors, coaches, and other participants from all such risks and hazards.

I, the parent or guardian of the above named player, a minor, agree that I and the player will abide by the rules and regulations of the 8v8 Summer League. In consideration of the player's participation in the soccer programs intending to be legally bound, I hereby release indemnity the 8v8 Summer League, the owners and operators of the facilities used for the 8v8 program and their respected directors, officers, employees, agents and representatives from and against all claims, liability, damages or causes of action arising out of or in connection with the players participation, including, without limitation, players transportation to/from any program, which transportation is hereby authorized.

PRINT NAME _____ PRINT PLAYER NAME _____

Signature of Parent/Gaurdian _____ Date _____

Signature Player _____ Date _____