

SPRING 2008

HUB Soccer of Denville, Inc.

REGISTRATION FORM

*****Pre-K through 4th Grade*****

REGISTRATION DEADLINE IS 4-4-08

Fees: \$55 1 child/\$25 2 Children/\$100 Family Maximum

AFTER 4-4-08: \$75 per player/\$125 Family Maximum

Make checks payable to HUB Soccer of Denville, Inc.

MAIL TO:

HUB Soccer of Denville, Inc.

PO Box 1048

Denville, NJ 07834

Did your child play in the 2007 Fall Season or 2008 Winter-Indoor Session? YES or NO (circle one)

(Needed For Insurance Purposes)

SCHOOL GRADE SPRING 2008: _____ Example: PreK, K, 1st, 2nd, 3rd or 4th

[PreK Info: Put "PreK" for Grade; PreK Participants Must Be 4 as of 4-15-08]

GENDER: Male or Female

DATE OF BIRTH: _____

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: _____

[To get on HUB Soccer's broadcast 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 email distribution list ! <<

*****IMPORTANT! DID YOU FILL IN YOUR CHILD'S 2008 SPRING SCHOOL GRADE AT THE TOP? *****