

# 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 \_\_\_\_\_