

# 8 v 8 Soccer of Denville

## SATURDAY SUMMER SOCCER CAMP

For Munchkin, PreK, K, 1<sup>ST</sup> & 2<sup>nd</sup> Grade Players

REGISTRATION FORM  
**REGISTRATION DEADLINE IS 7-1-10**

**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.**

**Saturdays of 7/9, 7/16, 7/23 & 7/30 from 9:00 am to 10:00 am**

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

**PLAYER'S SEPTEMBER SCHOOL GRADE \_\_\_\_\_**

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

**[To get on HUB Soccer's broadcast email list, please email the web master your request to be added]**

**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.**

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 \_\_\_\_\_