

# 8 v 8 Soccer of Denville

*Striker, Midfield, Defender & Goalie*

## 2012 Winter-Indoor Position Training

**For Travel Players U8 > U14**

REGISTRATION DEADLINE IS 1/15/12

\*\*NO LATE REGISTRATIONS PERMITTED\*\*

**COST: \$60 Per Player**

**Make checks payable to:  
8 v 8 Summer League of Denville, Inc.**

**MAIL TO:  
8 v 8 Soccer  
PO Box 1048  
Denville, NJ 07834**

**DAY/START/FINISH DATE: Sundays 1/22 > 2/12**

**DEFENDERS/MIDFIELDERS: 2:15 pm to 3:15 pm**

**STRIKERS/GOALIES: 3:20 pm to 4:20 pm**

**LOCATION: MKHS MAIN GYM**

**?s &/or Info Contact: Don Casse, 973-627-8173 – [doncasse@aol.com](mailto:doncasse@aol.com)**

**PLAYER'S POSITION(S):** \_\_\_\_\_

**PLAYER'S CURRENT TRAVEL AGE GROUP:** \_\_\_\_\_

**T-SHIRT SIZE:** \_\_\_\_\_ (YS, YM, YL, AM, AL, XL)

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

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 \_\_\_\_\_