

HUB Soccer of Denville, Inc.
Spring Soccer Registration
For Recreation Players Grade PreK to 4th

REGISTRATION DEADLINE IS MARCH 23, 2012

*****NO LATE REGISTRATIONS PERMITTED AFTER APRIL 7th*****

COST: \$65 Per Player/\$110 Family Maximum

MAIL TO:

HUB Soccer

COST AFTER 3/23: \$110 Per Player/No Family Max

PO Box 1048

Denville, NJ 07834

****Make checks payable to HUB Soccer of Denville, Inc.****

START DATE: SATURDAY 4/7/12/START TIMES: TBA/END DATE: TBA

LOCATION: Knuth Farm Soccer Fields, Cooper Rd., Denville

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

PLAYER'S APRIL SCHOOL GRADE: _____

(Example: PreK, K, 1, 2, 3 or 4) PreKs must be age 4 to participate

PARTICIPATED IN FALL 2011 SEASON or 2012 WINTER SESSION - Yes or No

T-SHIRT SIZE: _____ (Example: 2T, 3T, 4T, YS, YM, YL, AS, AM, AL)

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: _____

(Go to www.hubsoccer.org to join our group email list)

How Can You Help Out: Head Coach _____ Asst. Coach _____ Team Mom _____ Sponsor _____

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 or paramedic. 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 _____