



# Hampton Soccer Club

P.O. Box 435

Augusta, NJ 07822-0435

Email :hamptonsoccerclub2012@gmail.com

Website : www.leaguelineup.com/hsc

Questions? Call Michael McCaughey (973) 919-6775

\*\*Ages 4 1/2 through 8th grade are eligible to participate.\*\*

Club Use Only:

Paid: \_\_\_\_\_

Check No. \_\_\_\_\_

Cash: \_\_\_\_\_

## FALL 2018 Registration

Practices will begin (weather permitting) by September 4th

**\$10.00 Late Fee for All Registrations received after September 8th.**

**No Registrations will be accepted after September 15th.**

**FEE: \$65.00 per child + \$35.00 for a new uniform, if needed.**

**Each additional child \$55.00 + \$35.00 for a new uniform, if needed.**

Uniform size needed: YOUTH: S \_\_\_ M \_\_\_ L \_\_\_ ADULT: S \_\_\_ M \_\_\_ L \_\_\_

### Fill out one registration form per child.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone #: \_\_\_\_\_ work/cell #: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Grade : \_\_\_\_\_ School: \_\_\_\_\_ Age \_\_\_\_\_ Sex: M or F

### PLEASE HELP COACH OR ASSIST!!! (Circle your choice & print your name below).

Coach/Assist's Name: \_\_\_\_\_ A "Coach" shirt is provided by the club: **Adult S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_**

\*\*I would rather volunteer to be a "team parent": Name: \_\_\_\_\_

Games are on Saturdays. Please state if your child has Saturday morning commitments. Yes \_\_\_ No \_\_\_

If yes, please enter time & dates: \_\_\_\_\_

### RELEASE:

I (we) knowingly, freely and voluntarily, for myself, my heirs, personal representatives and assigns, waive any right or cause of action of any kind whatsoever, arising as a result of my sons/daughters participation in soccer.

I (we) hereby assume all risks or injury to above child and to property while participating in soccer.

I (we) agree to defend, indemnify, and hold Hampton Soccer Club, their employees, agents, heirs, successors, assigns, officers or directors harmless from any cause of action, claim, etc. of any kind for any purpose in connection with soccer.

I (we) covenant and agree not to sue or institute any action of account of injuries occurring while part of the Hampton Soccer Club.

**I (we) agree to abide by the rules, philosophy and code of ethics of the Hampton Soccer Club.**

**Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_**

**Please print parent/guardian(s) first and last name: \_\_\_\_\_**

### MEDICAL HISTORY:

Medical Problems? Yes \_\_\_ No \_\_\_

(if yes, explain) \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone#: \_\_\_\_\_

Family Medical Insurance: \_\_\_\_\_

I (we) hereby authorize the release of any info relating to my child's health & physical condition to the physician named above. In case of emergency, in my absence, I hereby grant permission to HSC to insure that my child receives medical treatment deemed necessary in each instance and case.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_