



PLEASE MAIL CHECKS TO:

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 2017 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: _____