

Hackettstown Soccer Club

Clinic Registration Form

School Grade (circle): Kindergarten 1st 2nd

School Player Attends: _____

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Name of Parent(s) or Guardian: _____

Telephone Number: _____ Birth date: _____

Cell Phone #: _____ e-mail address: _____

T – Shirt (circle): YS YM YL A Cash _____ Check # _____ Amt: _____

Please Note: All fields must be completed

IMPORTANT

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of USYS and HTYSA. Recognizing the possibility of physical injury associated with soccer, I hereby release, discharge and/or otherwise indemnify the USYS, HTYSA, volunteers, and owners of fields and facilities utilized for the program, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program.

As the parent/guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature of Parent/Guardian