

# **Hackettstown Soccer Club**

## **Clinic Registration Form**

School Grade (circle): Kindergarten    1<sup>st</sup>    2<sup>nd</sup>

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**