



# HACKETTSTOWN SOCCER CLUB

## REGISTRATION FORM

### PLAYER INFORMATION

Name:	Date of Birth:
Address:	Telephone:
Town or Residence:	E-Mail:

### PARENT/GUARDIAN INFORMATION

Name:	Telephone:
Address:	Cell Phone:
Town:	E-Mail:

### PROGRAM (Select One)

Travel Soccer: <input type="checkbox"/> U8 – U19	
Clinic: <input type="checkbox"/> Kindergarten thru 2 <sup>nd</sup> Grade	
Registration Fee Paid: <input type="checkbox"/>	Uniform Fee Paid: <input type="checkbox"/>
Amount: _____; Check No.: _____	Amount: _____; Check No.: _____

### VOLUNTEER SELECTION (Select One)

Coaching Staff: <input type="checkbox"/>	Team Parent: <input type="checkbox"/>
Clinic Training Staff: <input type="checkbox"/>	In-Town Training Staff: <input type="checkbox"/>
Blast Tournament: <input type="checkbox"/>	Field Setup: <input type="checkbox"/>
Field Maintenance (Lining): <input type="checkbox"/>	Equipment: <input type="checkbox"/>
Registration: <input type="checkbox"/>	Board Member: <input type="checkbox"/>

I am interested in becoming a referee: YES  NO

I am interested in becoming a licensed coach: YES  NO