

WESTAMPTON / MT. HOLLY / EASTAMPTON / HAINESPORT ADULT / H.S. INDOOR SOCCER LEAGUE 2010 REGISTRATION FORM – AUTHORIZATION AND RELEASE

REGISTRATION DATE: FRIDAY, DECEMBER 4, 2009 **TIME:** 7:00 PM – 9:00 PM
LOCATION: WESTAMPTON MUNICIPAL BUILDING, 710 RANCOCAS RD.
REGISTRATION FEE: \$45.00 PER PARTICIPANT (\$5 EXTRA PER SHIRT – IF NEEDED)

PROGRAM INFORMATION:

Separate division for High School players in 9th – 12th grades and all adult players. League will start on January 8th and run approximately 10 weeks. Each team will be coed with 10-12 players. High school games will be played either Thursday or Friday night at 6 PM or 7 PM. Adult games will be played on Fridays, either at 7 PM, 8 PM, or 9 PM at various locations throughout the area. Games will be 1 hour (two 25-minute halves) with a 5-minute half time. Each player will be required to have 2 shirts (Ash - for away games / Dark Green – for home games). Which one to wear will be determined by schedule. You must have a shirt to play. A \$5.00 late fee will be charged to all those who register after December 4th, 2009. No refunds will be given. Checks made payable to Westampton Rec.

Please record one (in each box):
<input type="checkbox"/> Adult Division <input type="checkbox"/> HS Division / Grade _____
<input type="checkbox"/> New Player or Returning to Team No: _____

PLEASE PRINT – USE ONE FORM PER PARTICIPANT

PARTICIPANT'S NAME: _____ SEX: MALE: _____ FEMALE: _____

ADDRESS: _____ TOWN: _____ ZIP: _____

HOME PHONE:(_____) _____ CELL PHONE:(_____) _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT & PHONE #: _____ (_____) _____

Do you have any known allergies or medical conditions that need specific attention during the program? Please be very specific: _____

_____"ASH" SHIRT – ADULT SIZE NEEDED: ___SM ___MED ___LG ___XL ___XXL ___XXXL
 ____"DK. GREEN" SHIRT – ADULT SIZE NEEDED: ___SM ___MED ___LG ___XL ___XXL ___XXXL

In agreeing to participate in this activity, as a participant, I affirm that my general health is good and that I am not adversely affected by exercise and am capable of performing an activity of this nature. In consideration of participating in this activity, I do hereby assume all risk of any injury to myself and will indemnify and hold harmless from any and all liability, actions, causes, claims, and demands of every kind of nature whatsoever that I have or which arises of or in connection with my participation in this activity, the County of Burlington, the townships mentioned above, their recreation departments and their township school boards, and all their officers, agents, employees, staff, volunteers, and successors. It is likewise assumed and agreed that the participants will wear proper clothing and protective equipment during the activity and that it is the responsibility of the participant to see these criteria are met. I also agree to allow transportation to the nearest physician or hospital for medical treatment and agree for immediate first aid if injured when deemed necessary. I also understand that the townships mentioned above do not provide accident insurance for any of their participants.

Participant's Signature: _____ Date: _____

ARE YOU INTERESTED IN BEING CAPTAIN OF YOUR TEAM?: YES _____ NO _____

ANY QUESTIONS PLEASE CALL THE WESTAMPTON RECREATION OFFICE: (609) 267-1891 (EXT 8)

2010 Adult / HS Indoor Soccer Registration	<u>Do Not Write in This Box – For Accounting Purposes Only</u>
For Office Use Only:	Amount Paid: _____ Cash: ___ Check No.: _____ Received By: _____