

WESTAMPTON / EASTAMPTON / MT. HOLLY / HAINESPORT RECREATION DEPTS. - YOUTH INDOOR SOCCER LEAGUE 2009/2010 REGISTRATION FORM – AUTHORIZATION AND RELEASE

REGISTRATION DATE: THURSDAY, OCTOBER 1, 2009 **TIME:** 6:00 PM – 8:00 PM
 SATURDAY, OCTOBER 3, 2009 **TIME:** 10:00 AM – 12:00 PM
LOCATION: WESTAMPTON MUNICIPAL BUILDING, 710 RANCOCAS RD.
REGISTRATION FEE: \$55.00 1ST CHILD / \$45.00 PER CHILD THEREAFTER

PROGRAM INFORMATION: For boys and girls pre-k through 9th grade. Program will start December 5th and run until the end of February. Games will be played on Saturdays. Locations and times will vary between 9:00 AM and 5:00 PM. Team shirts will be given to each player. Each team will have a scheduled pizza party after the last regular-season game, and each player will receive a trophy. All divisions except for Peewee and Bantam will have playoffs at the end of the season. Because of the number of participants in the league, no team or player requests will be accepted. Only extreme circumstances will be reviewed. A \$5.00 late fee will be charged to those who register after Oct. 3, 2009. No refunds will be given. Checks made payable to Westampton Rec.

**MAKE COPIES
IF NEEDED**

PLEASE PRINT – USE ONE FORM PER PARTICIPANT

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

ADDRESS: _____ TOWN: _____ ZIP: _____

HOME PHONE: (_____) _____ FAMILY E-MAIL ADDRESS: _____

AGE: _____ (AS OF 1/1/10) BIRTH DATE: ____/____/____ GRADE: _____

PARENTS' FIRST NAMES: MOM: _____ DAD: _____ CELL PHONE: (_____) _____

RETURNING TO SAME DIVISION: ____ / TRYOUTS HELD FOR PLAYERS MOVING UP TO NEXT DIVISION OR
 (PLEASE CHECK) FOR NEW PLAYERS (INFORMATION GIVEN AT SIGN-UPS)

DIVISION PLAYING IN THIS YEAR (CIRCLE ONE)	<u>PEEWEE</u> PRE-K	<u>BANTAM</u> KINDER 1 ST GRADE	<u>MIDGET</u> 2 ND GRADE 3 RD GRADE	<u>JUNIOR</u> 4 TH GRADE 5 TH GRADE	<u>MAJOR</u> 6 TH GRADE 7 TH GRADE	<u>SENIOR</u> 8 TH GRADE 9 TH GRADE
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CHILD'S EXPERIENCE LEVEL: INDOOR__ OUTDOOR REC__ TRAVEL__ SELECT__ SCHOOL__ OTHER__

(Name) _____ has my permission to participate in all activities of the above-mentioned program. I understand that proper supervision is provided for all programs. In case of emergency, I authorize the program personnel to administer first aid treatment, to secure the services of a physician, to transport me/my child to the nearest medical facility for treatment in case of an emergency & to try to notify me/my contact person. In the event of injury due to accidents beyond their control, I agree to release and hold harmless all participating townships, their Recreation Departments, supervisors, employees, and all program volunteers, as well as other persons connected with all participating townships, from all liability relating to personal injury or property damage that I/my child may sustain by reason on my/our participation in, equipment or facilities therein. I also understand that these participating townships do not provide accident insurance for any of their participants.

Parent/Guardian Signature: _____ Date: _____

COACHES__ & ASSISTANTS__ ARE NEEDED – IF INTERESTED PLEASE CHECK.

PLEASE PRINT NAME OF COACH OR ASSISTANT INTERESTED: _____

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

2009 Youth Indoor Soccer Registration	<u>Do Not Write in This Box – For Accounting & League Purposes Only</u>
For Office Use Only -	Amount Paid: _____ Cash: __ Check No.: _____ Received By: _____
Last Year's Skill Level _____ / Try-out Skill Level _____	Last Year's Team Number _____