WBRC SOCCER
2008

NON-REFUNDABLE REGISTRATION FEE **Shirt Size: S M L XL Adult or Child**

FEE: 5, 6, & 7 year olds - $40.00
8 years and up - $45.00 - Not to exceed $90.00 per family
Late Registration Fee: $10 per participant applies after May 17, 2008

Make Checks Payable to Borough of Washington

Enrollment can be limited at the Recreation Department's discretion

PLEASE PRINT:

Parent or Guardian Name _____Email_____

Player's Name_____Male _____ Female _____

Date of Birth _____ Age _____ Grade ('08-'09)_____ Phone # _____

Home Address _____City/State_____ Zip Code _____

Has your child participated in a travel soccer program during the past year? (circle one) Yes No

PLEASE DON'T FORGET THIS INFORMATION!!!!

PHYSICIAN _____ **PHONE#**_____

DENTIST _____ **PHONE #** _____

EMERGENCY CONTACTS:
1._____ **PHONE #** _____

2. _____ **PHONE #** _____

PLEASE LIST ANY ALLERGIES/MEDICAL CONDITIONS OR ANY OTHER CONDITIONS THE COACHS SHOULD BE AWARE:

_____

_____

*************VOLUNTEERS ARE ALWAYS NEEDED !!*************

I am willing to (circle one) coach assistant coach team mom/dad
referee field crew league rep

Circle level of NYSCA certification held and indicate in which sport(s) certification is held:

LEVEL 0 1 2 3 Lifetime Sport(s)
_____

PARENT/GUARDIAN/PARTICIPANT PERMISSION:

We assume all risks and hazards incidental to such participation arising out of any and all activities whether the result of negligence or any other cause except to the extent and in the amount covered by excess accident and/or liability insurance held by the local league. We do hereby waive, release, absolve, indemnify and agree to hold harmless the members of the Washington Boro Recreation Department, coaches, organizers, sponsors, participants and persons transporting us and/or our child to and from sponsored activities.

We agree to return the uniform and any equipment issued to us and/or our child in as good conditions as issued, except for normal wear and tear or agree to pay replacement costs before we and/or our child will be eligible for future participation in Boro sponsored activities

If I, or the emergency contacts can not be reached by phone I DO give my permission for the coaches to call a doctor, sent to the hospital or doctor's office in case of an emergency.

PARENT/GUARDIAN **DATE**

Fee paid $ _____Check #: _____ Received by: _____Date: _____

Washington Borough Recreation Department **washingtonboro-nj.org**
100 Belvidere Avenue; Washington, NJ 07882