

**BRANCHVILLE /FRANKFORD RECREATION**

**FALL SOCCER 2008**

**REGISTRATION FORM**

(REGISTRATION DEADLINE JULY 31ST, 2008)

DATE PROGRAM BEGINS: September

FEE: \$ 50.00 ONE CHILD; \$ 60.00/TWO CHILDREN; \$ 75.00/THREE OR MORE CHILDREN  
(ONE FORM PER CHILD)

ELIGIBILITY:CHILDREN IN KINDERGARTEN THROUGH EIGHTH GRADE

CHILD MUSTWEAR SOCCER CLEATS AND SHIN GUARDS

CHILD'S NAME: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMERG NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS WILL ONLY BE USED TO SEND INFORMATION ABOUT OUR PROGRAMS

GRADE AS OF FALL 2008: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

MALE / FEMALE (CIRCLE ONE)      AMOUNT PAID: \_\_\_\_\_

MAKE PAYMENT TO: **BRANCHVILLE/FRANKFORD RECREATION**

VOLUNTEER COACHES ARE NEEDED FOR ALL AGES. SPONSORS ARE ALSO NEEDED FOR OUR TEAMS. PLEASE ENTER YOUR NAME AND CHECK BELOW INDICATING WHERE YOU CAN ASSIST WITH OUR PROGRAM.

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

COACH \_\_\_\_\_ SPONSOR \_\_\_\_\_ OTHER \_\_\_\_\_

TEAM PARENT, PICTURE DAY, ETC.

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**PARENT/GUARDIAN AGREEMENT**

I, the parent/guardian of the above named youth hereby consent for my son/daughter to participate in the Branchville/Frankford Recreation Soccer Program. Further, if in the judgement of the coach in charge, it becomes necessary to send my child to a nearby hospital, physician, or dentist for diagnosis or treatment, they have my full permission to do so, and I as a parent/guardian will assume all responsibility for such arrangements including payment of expenses incurred thereby and shall indemnify and hold harmless from any and all liability any member of the Branchville/Frankford Recreation Program, including all officers, members, sponsors, coaches or referees.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Mail Completed Form and Payment To:      Wayne Dunn  
244 U.S. Highway 206  
Branchville, NJ 07826