

BRANCHVILLE /FRANKFORD RECREATION

SPRING SOCCER 2010

REGISTRATION FORM

DATE PROGRAM BEGINS: April

FEE: \$ 40.00 ONE CHILD; \$ 50.00/TWO CHILDREN; \$ 65.00/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 2009: _____ 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.

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 to Mary Ann St.John, 124 East Shore Culver Rd., Branchville, NJ 07826