

UNION SOCCER LEAGUE

1492 MORRIS AVENUE, UNION, NJ 07083

908-687-3134 www.unionsoccer.org / email-unionsoccerleague@gmail.com

SPRING 2010 REGISTRATION FORM

PLAYER INFO

Circle one --> New Player Returning Player

First Name:

Last Name:

Address:

Note: Players must be residents of Union

Sex: M F

Birthdate: / /

School:

Grade:

CONTACT INFO

Parent/Guardian:

Home Phone:

Work Phone:

E-Mail:

EMERGENCY INFO

List any medical problem or physical limitation the player may have (ex. Asthma)

Person to notify in emergency _____

Phone: _____

Doctor to notify in emergency: _____

Phone: _____

Health Insurance currently in force:

FOR OFFICIAL USE ONLY

Fee received Amt \$85.00 \$99.00 \$160.00 \$210.00 \$235.00

Late Fee Received yes no

Cash or check

Received By: _____

Date: ____/____/____

Registration for rec includes a complete uniform (jersey, shorts, socks). Players **MUST** provide soccer cleats, shin guards and a ball.

Travel uniforms are provided once every 2 seasons

The Spring 2010 season will start Apr. 3, 2010

PARENTAL SUPPORT

Volunteers are the foundation of the Union Soccer League please circle one

COACH ASSISTANT COACH

Current Coach's License

F E D C B A NONE

Soccerfest Volunteer - 2010	Yes	No
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Field Maintenance	Yes	No
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Phone/Cell Number:		
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Please consider volunteering an hour on Saturday morning or a couple hours during Soccerfest on June 12, 2010.

PLAYER PERMISSION FORM AND CONSENT FOR MEDICAL TREATMENT

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Union Soccer League.

Recognizing the possibility of physical injury associated with soccer and in consideration of the Union Soccer League accepting the registrant for its soccer programs and activities (programs), I hereby release, discharge and/or otherwise including the owners of fields and facilities utilized for the programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the program.

As the parent/guardian of the registrant, a minor, I hereby give consent for emergency medical care prescribed by a duly licensed medical doctor or dentist. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Parent/guardian Signature

X _____

By signing here, you agree to the medical consent above and sportsmanship pledge on the back.

REGISTRATION FEE FOR REC DIVISION ONLY

Fees are based on siblings living in a single household.

One Rec Player:	\$85.00	n/a for GR/KS*
Two Rec Players:	\$160.00	n/a for GR/KS*
Three Rec Players:	\$235.00	n/a for GR/KS*

REGISTRATION FEE FOR TRAVEL DIVISION

All Travel Players: \$210.00

** REGISTRATION FEE for GRASSROOTS &

** **KINDERSOCCER** All Players: \$99.00

** *Number of sessions for GR and KS are weather dependent.*

A \$20.00 **LATE FEE** will be charged for any registration received after **March 27, 2010** (Excluding Travel).

A Fee of **\$20.00** will be charged for returned Checks

**Children 3 years old to 16 years old are eligible for our Recreation Program
Kindersoccer and Grassroots participants receive a ball and T-shirt only.**