



# 2011 Soccer Application

## Roselle Park Recreation: Fall Season 2011

www.roselleparksoccer.com

**All applicants must be Roselle Park residents**

(Please print all information clearly)

Player's Last Name \_\_\_\_\_ Player's First Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

*(All applicants MUST reach their 5<sup>th</sup> birthday and cannot reach their 14<sup>th</sup> birthday prior 11/01/11)*

Date of birth \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ School grade starting in Sept. 2011 \_\_\_\_\_

*Registration Fee: \$50.00 per child (\$125.00 maximum per family) on applications received before May 25, 2010 and \$55.00 per child on applications postmarked after May 30, 2011*

**\*\*ANY LATE REGISTRATIONS WILL NOT GUARANTEE A UNIFORM IN THE CORRECT SIZE\*\***

Please select uniform sizes carefully. All sizes are the responsibility of the parent/guardian.

SHIRT SIZE: Youth – S \_\_\_\_ M \_\_\_\_ L \_\_\_\_ Adult - S \_\_\_\_ M \_\_\_\_ L \_\_\_\_

SHORT SIZE: Youth – S \_\_\_\_ M \_\_\_\_ L \_\_\_\_ Adult - S \_\_\_\_ M \_\_\_\_ L \_\_\_\_

(Note: Kindergarten (Clinic) players will receive t-shirts only, no shorts).

Last year's Coach (if applicable) \_\_\_\_\_

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It is understood and agreed that the Recreation Department, or the board of Education, or the coaching staff shall not be liable for any damages arising from the personal injuries sustained by the participant in, on or about the premises, resulting from or arising out of the use or intended use of the facilities and equipment of the schools or the Recreation Department. Including any claim for personal injuries resulting from or arising out of negligence of the officers, agents, of the coaching staff and employees of the Recreation Department or school facilities or the negligence of any other person on said premises, or injury involved in connection with traveling to, entry in and returning from any programs. All players will participate at their own risk. There is no voluntary reimbursement for recreation activities.

For the protection of your child's health, you should not sign him/her up for any team sport if they were ever treated for, or they are now afflicted with any of the following: Heart Disease, Rheumatic Fever, Rheumatic Heart Disease, Heart Murmur, Lung Disease such as asthma, or recurrent bronchitis. Hernia (rupture) which was not repaired, epileptic seizure even if even now is controlled by medications, loss of consciousness for any reason, Kidney Disease, or High Blood Pressure. If in doubt, consult your physician and submit his/her written recommendation.

"MY CHILD DOES NOT, NOR HAS EVER HAD ANY OF THE ABOVE CONDITIONS"

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

Please Print Parent/Guardian Name \_\_\_\_\_

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If you are interested in helping out in any of the following areas, please check the appropriate one. We appreciate any help you can give in assuring our children have fun while learning to play.

Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_ Referee \_\_\_\_\_ Team Mother \_\_\_\_\_ Fund Raising \_\_\_\_\_

**Please Return application and check payable to: ROSELLE PARK SOCCER by May 30, 2011**

**First time applicants MUST include a photocopy of their Birth Certificate**

**Mail to: ROSELLE PARK SOCCER, P.O. BOX 4103, Roselle Park, NJ 07204**