

Bound Brook Recreation Soccer Registration

Name _____ Date of Birth _____ Grade _____

Address _____ School _____

Phone (h) _____ (c) _____

E-Mail _____

*****Please indicate what season you are interested in with an X - Spring _____ Fall _____**

PLEASE ENTER YOUR CHILDS SHIRT SIZE: _____

*****Please list any physical limitations or disabilities the coach should be made aware of:**

Parents must provide their own insurance for their child.

My Son/Daughter _____ has my permission to compete in the Recreation sponsored Soccer Program. I agree that the Recreation Commission, its agents or servants shall not be responsible for any injuries that may occur while participating in this activity or any trip that the teams may take.

I realize the importance of knowing of my child's involvement in this program and give my consent for participation in the activity.

Parent's name (please print) Mother _____

Father _____

Parent's Signature _____ Date _____

Emergency Information in case parent cannot be reached (Please Print)

Name _____ Phone Number _____

Name _____ Phone Number _____