

LIBERTY TOWNSHIP RECREATION COMMISSION (LTRC)

Liberty Township, 349 Mountain Lake Road, Great Meadows, NJ 07838

SOCCER REGISTRATION

REGISTRATION FEE PAID _____ UNIFORM FEE PAID _____ CASH OR CHECK# _____

Child's Name _____ Sex (M) _____ (F) _____

Address _____

Birth Date _____ Age as of (6/20/17) _____ Grade (2017-2018 School year) _____

Known Allergies/Medications _____ Child possess an inhaler? _____

Doctor's Name _____ Phone _____

Transport to Hospital? Yes _____ No _____

Parent/Guardian Name _____ Email _____

Phone# (Home) _____ Phone # Cell _____

Emergency Name _____ Phone _____

Has your child played this sport on a travel team within the last 12 months? Yes _____ No _____

Uniforms: Circle One size for shirt and one size for shorts *If your child already has a jersey/shirt, please tell Shirt size: Youth: S – M - -L Adult: S – M – L - XL us their number _____

Shorts size: Youth: S – M – L Adult: S – M – L – XL

Parent's Notes (Please read before signing below):

1. I understand that there are certain risks of injury inherent in participation of this sport to my child and I am willing to assume these risks. I hereby waive, release, and hold harmless the organizers, Liberty Township, coaches, referees, and all volunteers for any injury that may be suffered by my child in the normal participation of this activity and activities incidental thereto. The LTRC advises the participants in these activities to wear the protective equipment, some of which is supplied. The LTRC also advises that the parents of a child who wears glasses consider the purchase of protective eyewear.
2. I will be responsible for transportation of my child to and from games and practices.
3. The LTRC has advised me that children should not get dropped off as spectators without adult supervision.
4. I have received and will review the *Parent's Code of Ethics*.
5. I agree to abide by the rules of all leagues that the LTRC participates in and that all decisions by the league boards are final and binding.
6. I understand that the registration fees paid to LTRC will be used for LTRC activities.

SIGNATURE _____ **DATE** _____

PLEASE INDICATE AREAS WHERE YOU CAN ASSIST OUR PROGRAM

COACH _____ ASST. COACH _____ TEAM PARENT _____ REFEREE _____ FIELD MAINTAINER _____