



# Stillwater Recreation Soccer Registration Fall 2010



**Child's Name** \_\_\_\_\_

*Please use a separate form for each child  
Additional Copies can be printed from [www.stillwater-rec.org](http://www.stillwater-rec.org)*

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

(In Spring 2010) Grade \_\_\_\_\_ Age \_\_\_\_\_ (must be 3 by 9/30/07) Birth Date \_\_\_\_\_  Female  Male

Parent(s)/Guardian(s) Name \_\_\_\_\_ Email \_\_\_\_\_

Day # \_\_\_\_\_ Evening # \_\_\_\_\_ Cell # 1 \_\_\_\_\_ Cell # 2 \_\_\_\_\_

Emergency Contact (other than Parent): Name \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Phone# \_\_\_\_\_

Allergies/Medical Problems \_\_\_\_\_

Seasons Played \_\_\_\_\_ Last Coach \_\_\_\_\_ Last Season Played \_\_\_\_\_

**ALL PLAYERS WILL BE PROVIDED WITH A T-SHIRT OR JERSEY. JERSEYS NEED TO BE TURNED IN AT THE END OF THE SEASON. PLEASE CIRCLE THE SIZE REQUIRED:**

Shirt Size:      Small, Medium, Large, Adult Small, Adult Medium, Adult Large, Adult X-Large (Circle one)

*All players are required to have shin guards to play, soccer cleats are strongly recommended. Players in the competitive divisions are required to have black shorts and royal blue socks for games.*

**AUTHORIZATIONS:** I hereby authorize the Stillwater Recreation League and its authorized coaches and officers to obtain all necessary medical care for my child in the event of an emergency, and hereby authorize any licensed physician and/or medical personnel to render all necessary medical treatment to my child.

**I UNDERSTAND** that a portion of the registration fee is paid to cover league property. No child is entitled to keep or destroy this property. Any cost incurred by the league via action or inaction by the child and/or parent/guardian can be billed to the full extent of the law.

**I UNDERSTAND** that the league purchases "secondary type" medical and liability insurance. The parent/guardian is responsible for the "primary medical" plan for the child. **I ALSO UNDERSTAND** that I am ultimately responsible for my child's safety and welfare, and that I am expected to attend and observe all practices and games in which my child is a participant, unless prior arrangements are made with the coach. **I ALSO UNDERSTAND** that as a spectator, I have an obligation to act responsibly, exhibit good sportsmanship, abide by the league code of conduct at all times and also ensure that my child(ren) do as well.

**I HEREBY GIVE MY PERMISSION FOR MY CHILD,** \_\_\_\_\_ to participate in soccer sponsored by the Stillwater Recreation League.

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

**ALL PARENTS ARE CONSIDERED VOLUNTEERS IN THE PROGRAM. PLEASE INDICATE YOUR PREFERENCE**

Coach    Asst. Coach    Fund Raising    Team Parent    Uniforms    Field Preparation    Equipment    Picnic    Trophies

**REGISTRATION INFORMATION:** \$60 for the 1<sup>st</sup> child in a household, \$25 for each additional child. Check payable to: SRL Soccer. Incomplete applications will be returned. **There is a \$25.00 late fee for each registration form received after August 1, 2010. ABSOLUTELY NO registrations will be accepted after August 15, 2010!**

*Mail registration form and check payable to the Stillwater Recreation League to:*

Stachia Burke 929 Hardwick Road Blairstown, NJ 07825

*Questions? Visit <http://www.stillwater-rec.org> or call Stachia Burke at (973) 579-3564 or (973) 903-4194*

### NOT A SCHOOL SPONSORED EVENT

\*\*\*\*\* Do not write below \*\*\*\*\*

Check No. \_\_\_\_\_ Total Check \_\_\_\_\_ Registration \_\_\_\_\_ Late fee \_\_\_\_\_ Sibling(s) \_\_\_\_\_