

Stillwater Recreation Soccer Registration
Spring 2010



Child's Name _____

Please use a separate form for each child
Additional Copies can be printed from www.stillwater-rec.org



Street Address _____ City, State, Zip _____

(In Spring 2010) Grade _____ Age _____ (must be 5 by 10/1/09) 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 SHIRT AND SHORTS THAT WILL 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)

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

Players are required to have soccer cleats and shin guards to play.

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.

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

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

Parent/Guardian Signature _____ Date: _____

REGISTRATION INFORMATION: \$55 per child; \$75 per family. Check payable to: SRL Soccer. Incomplete applications will be returned. There is a \$40.00 late fee for registration forms received after **March 1, 2010**. **ABSOLUTELY NO registrations will be accepted after March 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) _____