

BYRNE COMMUNITY CENTER

CITY OF WILDWOOD

401 W. YOUNG AVE.

WILDWOOD, NJ 08260

PHONE: (609) 522 – 5837

Indoor Soccer Registration Form

League will begin on Sunday, January 8th

(Games will be played every Sunday between 9am - 12pm)

ABSOLUTELY NO
REQUESTS!!!

INDOOR SOCCER LEAGUE

ABSOLUTELY NO
REQUESTS!!!

(GRADES 3 – 5) (GRADES 6 – 8)

TEAMS WILL BE
RANDOMLY SELECTED!!

PARTICIPATION FEE \$25

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RANDOMLY SELECTED!!

We are very sorry but we will not be taking 2nd Grade Registration!!! We will only have 6th-8th grade league if we get enough interest.

(Fee is to be paid in cash or check at time of registration. Registration fees are non-refundable.

This includes injuries, ejections, and/or unsatisfied.)

IN PERSON REGISTRATION ON SATURDAY, DECEMBER 10TH &

SATURDAY, DECEMBER 17TH

FROM 10AM – 12PM

PLEASE PRINT ALL OF THE FOLLOWING REQUIRED INFORMATION:

NAME: _____

ADDRESS: _____

CITY, STATE: _____

TELEPHONE NUMBER: _____ () _____ - _____

DATE OF BIRTH: _____ / _____ / _____ GRADE IN: _____

PLAYER'S HEIGHT: _____ SCHOOL: _____

EMAIL ADDRESS: _____

() MALE () FEMALE

Please be advised that I do release, indemnify and hold harmless the City of Wildwood, its officers, agents and/or employees against any loss, damage or liability, including attorney's fees and expenses incurred as a result of or arising out of the use of the Byrne Community Center and its surrounding areas located at 401 W. Young Ave., Wildwood, NJ 08260

Signature: _____ Date: _____ / _____ / _____

Deadline for registration is 12 / 17 / 2016 : No exceptions!

TURN OVER 

EMERGENCY CALL INFORMATION (REQUIRED)

SOMEONE OTHER THAN YOURSELF. In the Event of an emergency and I cannot be reached please call:

NAME: _____

RELATIONSHIP: _____

PHONE: _____

FOR OUR MEDICAL RECORDS (REQUIRED)

DISABILITIES: _____

ALLERGIES: _____

MEDICATIONS: _____

OTHER NECESSARY INFO: _____

GLASSES, CONTACTS, BRACES ETC.: _____

NAME OF FAMILY HOSPITALIZATION PLAN: _____

EMERGENCY MEDICAL TREATMENT

Parental Written Consent Is Given For:

- Emergency Medical Care
- Transportation by Ambulance in Case Of Emergency

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

VERY IMPORTANT: T-SHIRT SIZE: _____

OFFICIAL USE ONLY:

FEE PAID: YES () NO () CASH () CHECK ()

CHECK NO.: _____

STAFF INITIALS: _____

DATE: _____