



Hamilton Township Recreation Soccer Association 2010 Boys Registration Form



Last Name: _____ First Name: _____
 Street: _____ Town: _____, NJ
 Zip Code: _____ Birth Date: _____
 Home Phone: _____ Other Phone: _____
 E-Mail Address: _____
 Dad Name: _____ Mom Name: _____

HTRSA is a volunteer organization. *Volunteers are always NEEDED.*

Please indicate "M" for Mom or "D" for Dad in the box above to indicate what you can volunteer to assist with.

General Volunteer Positions: (please choose at least one)	<input type="checkbox"/> COACH	<input type="checkbox"/> ASST. COACH	<input type="checkbox"/> TEAM PARENT	<input type="checkbox"/> OPENING DAY
<input type="checkbox"/> ADMINISTRATION	<input type="checkbox"/> FIELD UPKEEP	<input type="checkbox"/> SPONSORS	<input type="checkbox"/> PICTURE DAY	<input type="checkbox"/> GAMEDAY PHOTOS
<input type="checkbox"/> RULES COMMITTEE	<input type="checkbox"/> UNIFORMS	<input type="checkbox"/> FUND RAISING	<input type="checkbox"/> ATTEND MEETING	<input type="checkbox"/> WEBSITE UPDATES
<input type="checkbox"/> BUILDING WORK	<input type="checkbox"/> APPAREL SALES	<input type="checkbox"/> TOURNAMENT	<input type="checkbox"/> ACCOUNTANT	<input type="checkbox"/> OTHER (specify below)
<input type="checkbox"/> PLUMBING/HVAC	<input type="checkbox"/> ELECTRICIAN	<input type="checkbox"/> CARPENTRY	<input type="checkbox"/> ATTORNEY	_____

Coaches - "F" coaching license fee \$30 (Reimbursed for HTRSA coaches)

- I agree to participate in all annual fund raising programs.
- I release, discharge and/or otherwise indemnify and hold harmless the H.T.R.S.A., its affiliated organizations, sponsors, employees, agents, members, officers, coaches, and associated personnel, including the owners of fields and facilities utilized for the Programs and/or being transported to or from the same, which transportation I hereby authorize.
- I do hereby represent that my son is physically fit, healthy and able to participate in the soccer program. I agree to immediately notify the soccer league if my son's health status changes prior to or during the soccer season, rendering him unable or unfit to participate in the game of soccer.

Check if your son **is playing** travel/competitive soccer this year. Team Name: _____

Player Fees: <i>New players must include a copy of Birth Certificate.</i>	1st	2nd	3rd	
Registering for: (check all that apply)	<input type="checkbox"/> Spring Season	\$45	\$35	\$35
	<input type="checkbox"/> Fall Season	\$65	\$55	\$55
Fundraiser option:	<input type="checkbox"/> Candy Buyout	\$35	\$35	\$---
	<input type="checkbox"/> Sell Candy*	\$55	\$55	\$---
Players from Divisions 4, 5, 6, and 7 (playing age 4-11) will be asked to do 1 hour of tag day.	<input type="checkbox"/> Tag Day Buyout	\$25	\$25	\$---

Candy can be picked up at the in-person registration dates on 2/13, 3/6 and 3/20

Enter total amount PAID for this player ONLY.
 Make check payable to HTRSA.
 Mail to: HTRSA
 PO BOX 3032
 Trenton, NJ 08619

 Print Parent/Guardian Name

 Signature Parent/Guardian Name

TOTAL PAID
\$ _____
Check # _____

*Registration Fee refund policy: Player injury prior to mid-season, player pool assignment or moved.
 All volunteers working with children must complete a KidSafe® registration form and a background check.*