



HAZLET UNITED SOCCER ASSOCIATION
P.O. BOX 331
HAZLET, NEW JERSEY 07730

Please drop off all registrations at 10 Briscoe Terrace, Hazlet NJ 07730

REC REGISTRATION

Players Name (print): _____

Address: _____

Town: _____ Phone#: _____ Email: _____

School Attending: _____ DOB: _____ (Male or Female) Shirt Size: _____

Are you currently playing Travel Soccer? Yes/No Team: _____

Do you have a brother/sister playing Rec/Travel Soccer? Yes/No

If yes, child's name: _____

How many years of experience does your child have playing Travel/Rec soccer? _____

How would you rank your child's skill level? Circle one 1) Beginner 2) Intermediate 3) Advanced

Are you interested in coaching/Training a team? ___ Yes or ___ No

IF YOUR CHILD IS PLAYING TRAVEL SOCCER AND WANTS TO PLAY REC SOCCER, THERE IS AN
ADDITIONAL FEE OF \$50.00 TO COVER COSTS.

NO REFUNDS WILL BE MADE AFTER SEASON STARTS!!

All registrations must be complete, including Parent's/Guardian's signature. All checks to be made payable
to "Hazlet United Soccer Association." (HUSA)

I wish my son/daughter to participate in the current season. I agree to respect and abide by the rules set
forth by the Hazlet United Soccer Association and agree that any infraction of these rules may mean the
dismissal of the player from the team. **I understand that the Hazlet United Soccer Association and the
Hazlet Recreation Commission assumes no financial or moral obligation for any injury other than covered
by the standard N.J.S.Y.S.A. Insurance.** I further state that my son/daughter has been in good health and
has been examined by a physician within the past year. With this understanding, I give permission for my
son/daughter to participate in this soccer program. **I also understand that any person who interferes with
or harasses referees, coaches, or players during any regular season game may cause the game to be
forfeited and their child suspended from the program.** Initial here: _____

Date: _____ Signature: _____

Print Parents Name Here: _____

Medical Conditions: _____ Amount of Registration: _____ Check #: _____

Work Detail Check is due in the amount of \$200 Checks payable to HUSA

Schedule your work detail shift at workduty@hazletsoccer.org (Once shift is worked you will receive your
check back)