



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



REC REGISTRATION

Players Name (print): _____

Address: Street: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Email address: _____

School Attending: _____ **DOB:** ____ / ____ / ____

Male: _____ **Female:** _____ **Shirt Size:** _____

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

Do you have a brother/sister playing Rec/Travel Soccer? Yes/No - if yes, child's name:

**IF YOUR CHILD IS PLAYING TRAVEL SOCCER AND WANTS TO PLAY REC SOCCER, THERE IS AN
 ADDITIONAL FEE OF \$75.00 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 Parent's name here: _____

Any Medical Conditions: _____

Amount of Registration: _____ Check #: _____ Cash: _____