

Red Bank Parks & Recreation - MOSA Travel Soccer Registration

Department of Parks & Recreation • www.redbanknj.org

Charlie Hoffmann • Director

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NEW! Save time & REGISTER ONLINE (No Credit Cards) - <http://register.communitypass.net/redbank>

PLAYER'S INFORMATION Please print - all fields required.

Full Name:			
Grade:	Age:	Date of Birth:	Gender (circle): MALE / FEMALE
Address:		City, St, Zip Code:	
School Attending:			Shirt Size (circle): YS YM YL YXL AS AM AL AXL
Parent/Guardian Names:		Home Phone:	
Work/Cell Phone:		Email Address:	
Emergency Contact:			
Phone Number:			
Photo Release: _____ I DO _____ I DO NOT give permission for my child to be photographed for use by Red Bank Parks & Rec.			
Health Information: If applicable, please tell us about your child's medical conditions or allergies.			

MOSA TRAVEL SOCCER Please print - all fields required. Proof of residency required.

(Fall & Spring seasons) Open to players, ages 8-17 selected during May 2016 tryouts.

RESIDENCY	COST	SELECT	
Red Bank	\$200		
Non-Resident	\$260		

Have you ever played travel soccer before? If so, where?

AMOUNT DUE: **PAYMENT METHOD:**

LATE FEE of \$15 will be applied after July 31, 2016.

\$5 off registration for each additional child.

AGREEMENT & SIGNATURE Required.

By submitting this application, I certify that I am the parent/guardian of the child listed above and give permission for him/her to participate in the programs selected. This agreement is made upon the condition that I assume all risks and hazards incidental to my child's participation and do hereby waive, release, absolve, indemnify, and hold harmless the Borough of Red Bank - Department of Parks and Recreation and its agents and employees for any claim arising out of injury to the child listed on this registration form. I acknowledge that children are expected to follow the Code of Conduct which can be found on the Borough website. I confirm the child is in good physical condition and does not have medical issues that could be aggravated by their participation. In case of a medical emergency, I give permission for treatment by a hospital or physician. I accept that no refunds will be issued.

Parent/Guardian Signature:	DATE:
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Office Use Only REC'd ML IP OT _____ DTR ____ / ____ / ____ AP _____ CKN/CH _____ EIDB _____ DE ____ / ____ / ____ Notes:
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