

Red Bank Parks & Recreation - MOSA Travel Soccer Registration



Department of Parks & Recreation • www.redbanknj.org

Charlie Hoffmann • Director

90 Monmouth Street, 2nd Fl. • Red Bank, NJ 07701

Phone: 732-530-2782 • Email: rbparksandrec@redbanknj.org

TO Pay with a credit card -> <http://register.communitypass.net/redbank> (Registration needs to be submitted first)

INFORMACIÓN DEL JUGADOR Por favor escriba – TODOS los espacios son requeridos.

Nombre Completo: _____

Grado: _____ Edad: _____ Fecha de Nacimiento: _____ Genero (circule): MASCULINO / FEMENINO

Dirrección: _____ Ciudad, Codigo Postal: _____

Escuela de Atendencia: _____ Talla de Camisa (circule): YS YM YL YXL AS AM AL AXL

Padre/Guardian: _____ Telefono de casa: _____

Trabajo/Celular: _____ Correo electronico: _____

Contacto de Emergencia: _____ Telefono: _____

Mensajes de Texto? Proveedor Mobile: _____ Telefono Celular: _____

Liberacion de foto: _____ I DO _____ I DO NOT give permission for my child to be photographed for use by Red Bank Parks & Rec.

Transportación: _____ I DO _____ I DO NOT give permission for my child to be Transported by Red Bank Parks & Rec.

Información de Salud: If applicable, please tell us about your child's medical conditions or allergies. _____

MOSA EQUIPO DE FUTBOL TRAVEL – Todos los espacios requeridos. Prueba de residencia requerida.

(Temporadas de Otoño & Primavera) Para jugadores, edades 8-17 seleccionados en las admisiones de Mayo.

RESIDENCIA	COSTO	SELECCIONE
Red Bank	\$200	_____
Otro	\$260	_____



¿Has jugado en algún equipo de Travel Soccer? si es el caso, donde? _____

CANTIDAD A PAGAR: _____ METODO DE PAGO: _____

Hacer el cheque pago a **Borough of Red Bank**

CONTRATO Y FIRMA Necesario.

Al enviar esta aplicación, certifico que yo soy el padre/guardián del niño/a mencionado arriba y doy permiso para que él/ella participe en los programas seleccionados. Este acuerdo se hace en la condición que yo asumo todos los riesgos y peligros casuales por la participación me mi hijo/a y por este medio renuncio, libero, absuelvo, indemnizo, y me mantengo inofensivo hacia Borough de Red Bank – Departamento de Parques y Recreación, sus agentes y empleados por cualquier reclamo surgido de lesiones al niño/a en este formulario de registraci3n o inscripci3n. Yo reconozco que es esperado de los chicos a seguir el C3digo de Conducta en cual se puede encontrar en el website del Borough. Confirmo que el ni1o/a esta en buena condici3n f3sica y no tiene condiciones m3dicas que puede agravarse por su participaci3n. **En caso de una emergencia m3dica, yo doy permiso para que el hospital o medico proceda con el tratamiento. Yo doy permiso a Parques Y Recreaci3n de Red Bank para que transporten mi ni1o/a a eventos de recreaci3n. Yo acepto que no se emitira ningun reembolso.**

Firma de Padre/Guardian: _____

Fecha: _____

Office Use Only REC'd ML IP OT _____ DTR _ / _ / AP _____ CKN/CH _____ EIDB _____ DE _ / _ /

Notes:

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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:** _____
 TEXTS MESSAGES? Mobile Provider: _____ **Cell Phone:** _____
Photo Release: _____ **I DO** _____ **I DO NOT** give permission for my child to be photographed for use by Red Bank Parks & Rec.
Transportation: _____ **I DO** _____ **I DO NOT** give permission for my child to be Transported 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 tryouts.

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



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

AMOUNT DUE: _____ **PAYMENT METHOD:** _____

Make Checks Payable to **Borough of Red Bank**

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: _____

Office Use Only REC'd ML IP OT _____ DTR _/ _/ _ AP _____ CKN/CH _____ EIDB _____ DE _/ _/ _

Notes: