

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

NEW! Save time & REGISTER ONLINE (Credit Cards Accepted) <http://register.communitypass.net/redbank>

INFORMACIÓN DEL JUGADOR Por favor escribe – 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	_____
No-Residente	\$260	_____



Has jugado en algun equipo de Travel Soccer? si es el caso, donde?

CANTIDAD A PAGAR: _____ **METODO DE PAGO:** _____

Cargos adicionales de \$15 se aplican después de Julio 31, 2017. \$5 de descuento por niño adicional.

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 emitir3 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:** _____

\$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: _____

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

Notes: