



Registration Form

PLAYER NAME _____

DATE OF BIRTH _____ AGE _____

GENDER _____

YRS PLAYING SOCCER _____ PLAYER STATUS (REC OR TRAVEL) _____

ADDRESS: _____

CITY _____ ZIP CODE _____

HOME TELEPHONE NUMBER _____

MOTHER/GUARDIAN NAME AND NUMBER _____

FATHER/GUARDIAN NAME AND NUMBER _____

EMERGENCY CONTACT NAME, NUMBER AND RELATIONSHIP _____

EMAIL ADDRESS _____

ALLERGIES IF ANY _____

MEDICATION _____

(PLEASE MAKE SURE THEY BRING IT WITH THEM TO CAMP)

DOCTORS NAME AND PHONE NUMBER _____

SESSION: July 25th – 29th August 1st – 5th

9AM – 10:30AM (4-6YRS OLD) 9AM – 12PM (6-13YRS OLD)

T-SHIRT SIZE (*check appropriate*): YM YL AS AM AL

PARENT SIGNATURE _____ PRINT NAME _____

DATE _____

****IMPORTANT INFORMATION****

- ALL PLAYERS MUST WEAR SHINGUARDS AND SOCCER CLEATS
- WATER WILL NOT BE PROVIDED. ALL PLAYERS MUST BRING ENOUGH WATER TO LAST THE ENTIRE SESSION (MORE IS BETTER THAN LESS)
- THE ALL DAY CAMPERS WILL NEED TO BRING LUNCH WITH THEM
- EACH CAMPER WILL RECEIVE A SOCCER XPERIENCE T-SHIRT & SOCCER BALL
- PLEASE TRY AND ARRIVE 15MINS EARLY ON FIRST DAY OF CAMP FOR REGISTRATION
- WE WILL ACCEPT CASH OR CHECKS. MAKE CHECKS PAYABLE TO "SOCCER XPERIENCE"

MAILTO: SOCCER XPERIENCE
1 FIRETHORN RD
OLD BRIDGE, NJ, 08857