

WAYNE SOCCER CLUB
P.O. BOX 2217
WAYNE, NEW JERSEY 07470
www.waynesc.org



REGISTRATION FORM FOR THE 2009 - 2010 SEASON

Name _____ M F Birthdate _____

Address _____
Street Town Zip

E-mail _____

Phone No. _____ Parent's Names _____

School Attending _____ 9/2009 Grade _____

Team Registering For: _____ Coach _____

Do you have brothers or sisters registering for a team this season? Y N

If Yes: Name _____ Team/Coach _____

Name _____ Team/Coach _____

.....
I/We, as parent(s)/guardian(s) of the above named child hereby give my/our permission for his/her participation in the soccer program with the Wayne Soccer Club, Inc. I know of no illness or physical impairment which will prevent him/her from participating. I/We assume all risks and hazards incident to such participation, including transportation to and from all soccer related activities.

Parent Signature _____ Date _____

Registration Fee: \$350.00 Please Make Checks Payable to "Wayne Soccer Club"
Additional Child Fee: \$300.00 Per Child

FOR CLUB USE ONLY

Amount Received \$ _____ Check # _____ Cash _____ Date _____