

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



REGISTRATION FORM FOR THE 2010 - 2011 SEASON

Name _____ M F Birth date _____

Address _____
Street Town Zip

Home phone # _____ Parent's names _____

Mother's cell phone # _____ Mother's email address _____

Father's cell phone # _____ Father's email address _____

School attending _____ 9/2010 grade _____

Team registering for: U- _____ Coach _____

Does this player have brothers or sisters registering for a Wayne Soccer Club 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/we 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: \$400.00 (\$375.00 if received by June 30, 2010) Please pay to "Wayne Soccer Club"

Additional Child Fee: \$400.00 (\$325.00 per child after first child if received by June 30, 2010)

Please write separate checks for each child's registration AND for any uniform, team fund or other payments

FOR CLUB USE ONLY

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