



HOPEWELL TOWNSHIP PARKS AND RECREATION DEPARTMENT
BULLDOGS SOCCER ACADEMY REGISTRATION FORM - 2008

Participant's Name: _____ Age: _____ Grade: _____

- Junior Bulldogs K-3 July 7-11 9 am - 12 noon \$160
Bulldogs #1 3-8 July 7-11 9 am - 12 noon \$160
Bulldogs #2 3-8 July 14-18 9 am - 12 noon \$160
Bulldogs #3 3-8 August 4-8 9 am - 12 noon \$160
Striker/Keeper 3-8 July 14-18 9 am - 12 noon \$140
Striker/Keeper 3-8 August 4-8 9 am - 12 noon \$140
Conditioning Camp 7-11 Aug 11-15 9 am - 11:30 am \$115

Date of Birth: _____ Shirt Size: Small 6-8 _____ Medium 10-12 _____ Large 14-16 _____
Ball Size: 4 _____ 5 _____ Adult Shirt Size: Small _____ Med _____ Large _____ XL _____

Street Address: _____ Home Phone: _____

Town/State/Zip: _____

Parent Email address: _____

Mother's Name: _____ Work Phone: _____

Father's Name: _____ Work Phone: _____

Please provide an emergency contact and their daytime phone number.

Name/Relationship: _____ Day Phone: _____

Hold Harmless Agreement: Participants assume all reasonable risks which may exist by virtue of participating in these activities and hereby indemnify, hold harmless, waive and release any and all rights and claims for damages against the Township of Hopewell, its agents, servants and employees, the Hopewell Township Parks and Recreation Department, its agents, servants and employees, and other such individuals who may be involved in the planning and implementation of the program, for claims by participants, heirs, executors, administrators, or any other third parties for injuries that may arise from participation in this program, or acts of negligence or gross negligence arising out of this agreement.

Signature of Parent: _____ Date: _____

Medical Treatment Release: I hereby authorize emergency medical care for my child/children during attendance in the Bulldogs Soccer Academy. If, in the judgment of the staff, treatment is required for any injury or illness, I also hereby authorize the administering of anesthetics and recourse to other procedures deemed necessary by attending physician. I understand that whenever possible I will be notified prior to medical treatment of my child/children, or at the earliest possible time should prior notice prove impossible. I further understand that I am financially responsible for any medical expenses or emergency transportation incurred on my child/children behalf. My child has the following medical condition you should know about:

Doctor's Name: _____ Phone: _____

Signature of Parent: _____ Date: _____

Make checks payable and send to: HOPEWELL TOWNSHIP PARKS & RECREATION DEPT.
201 Washington Crossing-Pennington Road
Titusville, NJ 08560
Phone # (609) 737-3753

Deadline for registration: JUNE 1st for all July Camps JULY 1st for all August Camps