



BALL	T-SHIRT
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RECREATION 2016-2017

New Member Renewal

LAST YEAR'S TEAM	
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First Name		Middle		Last Name	
Address				Birth Date	
City		State		Zip	
Phone #			Email		

School		Grade		Male/Female	
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Mother Name				
Phone #		Email		

Father Name				
Phone #		Email		

Emergency Contacts: Must be different than parents or guardians

Name	Phone
Name	Phone

Medical Information:

Doctor's Name	Doctor's Phone
List any allergies or medical conditions	

Recognizing the possibility of injury associated with soccer and in consideration for the Ironbound Boys and Girls Club and its affiliates accepting the registrant for its soccer programs and activities (the "Programs") I hereby release, discharge, and/or otherwise indemnify the Ironbound Boys and Girls Club, its affiliated organizations and sponsors, their employees, volunteers, and associated personnel, including the owners of the fields and facilities to and from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found capable of participating in the programs. The Ironbound Boys and Girls Club is not responsible or liable in any way in the event of harm or injury occurring to the participant. It is agreed that the parent or guardian does file a complaint against the club, the parent or guardian agrees to pay the Club's legal fees.

Therefore, I grant _____ and/or _____ permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine and dentistry. I also assume the financial responsibility for any medical treatment for my child.

Session (\$10 discount on 2 nd child)	Choose Session (X)	Amount	Type of Payment	Date of Payment	Check #	Received by
SUMMER ONLY		\$70				
FULL YEAR (Summer/Fall/Indoor/Spring)		\$315				
THREE SESSIONS (Fall/Indoor/Spring)		\$290				
FALL ONLY		\$115				
TWO SESSIONS (FALL/INDOOR)		\$210				
INDOOR ONLY		\$115				
TWO SESSIONS (INDOOR/SPRING)		\$210				
SPRING ONLY		\$115				

Signature of Parent/Guardian _____ Date _____