

HUNTERDON OUTREACH PROGRAMS

SPORTS PROGRAMS FOR EVERYONE

ATHLETE REGISTRATION FORM



Return completed forms to:

HOPs
12 Isaac Graham Road
Flemington, NJ 08822

Participant Information

First Name: _____ Last Name: _____
Age: _____ Date of Birth: _____ Gender: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ E-mail: _____
Fathers Name: _____ Work Phone: _____
Mothers Name: _____ Work Phone: _____
Emergency Contact: _____ Phone: _____

Background and medical information

What special needs does your child have? _____

Will your child need 1 to 1 assistance when playing? NO _____ Yes _____
(please note coach to player ratio is expected to be 5 to 1)
List the type of disability your child has: _____
(please note if your child has Down Syndrome he/she must have a note from their doctor to participate)
Please list any medical issues we need to be aware of (allergies, asthma, seizure disorder, etc.): _____

Uniform information

T-shirt size (circle one):

Youth: M L
Adult: S M L XL

Parental Support is an important part of the success of this program. Can you help with any of the following:
 Coach Assistant Coach Field Preparation Committee member Parent Helper

I, the parent or guardian of the registrant, agree that I and the registrant will abide by the rules of the Hunterdon Outreach Programs, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer, Baseball, Basketball or any other exhibition sport that Hunterdon Outreach Programs may run from time to time, and in consideration for Hunterdon Outreach Programs accepting the registrant for its programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify Hunterdon Outreach Programs, its affiliated organizations and sponsors, their employees and associated personnel, including registrant as a result of the registrant's participation in the Programs and /or being transported to or from the same, which transportation I hereby authorize.

Name _____
Parent/Legal Guardian (Please print)

Signature: X _____ Date _____

I, the parent or guardian of the above named registrant give my permission for official representatives of Hunterdon Outreach Programs to take pictures of the registrant while participating in Hunterdon Outreach Program events. These pictures will be used for the sole purpose of reporting or promoting the Hunterdon Outreach Programs. I further give my permission for the same pictures to appear in official publications of Youth Soccer, Basketball, and Baseball including local newsletters and newspapers of general circulation.

X _____