

Hamptons United Soccer Club

www.hamptonsunitedsoccer.com



Mail in Registration Form

hamptonsunited@aol.com

Players Information: **All information must be completely filled out prior to registration**

Players Name: _____ Birth Date: _____ Sex: _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell or Work ph. _____

School: _____ Grade: _____

Parent/Guardian's Name _____ E-mail _____

Pertinent medical information: _____

Shirt Size: (Circle one): Youth XS S M L Adult S M L XL

Program Information: (circle one)

-U3&U4 year old Munchkin Clinic \$135 -U5 thru U11 year old Micro Clinic \$145

-U8 clinic + pre-travel team \$250 -U9 thru U19 travel teams \$250

** Financial Assistance is available upon request. Must be requested prior to session start
Contact us for form and additional information at hamptonsunited@aol.com

Sign and Return with Payment

I, the parents/guardian of the above-mentioned player, hereby give my approval of his/her participation in any and all activities of the Hamptons United Soccer Club during the current season. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I further here by release, absolve, indemnify, and hold harmless Hamptons United Soccer Club, organizers, sponsors, supervisors, and persons transporting my child(ren) to and from the activities any or all or them; for any claim arising out of an injury to my child(ren), except to the extent covered by liability insurance.

Parent/Guardian Signature (Print): _____ Date: _____

Sign name: _____

Please make Checks payable to: HUSC and Mail along with this form

Hamptons United Soccer Club

PO Box 650

East Quogue, NY 11942