

# 2017 HIGH SCHOOL SELECT REGISTRATION FORM

PLAYER'S NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

(PLEASE PRINT CLEARLY)

SCHOOL \_\_\_\_\_ GRADE (AS OF 09/2017) \_\_\_\_\_

CLUB TEAM \_\_\_\_\_ AGE: U- \_\_\_\_\_

(PLEASE PRINT CLEARLY)

PLEASE MAKE CHECK FOR \$225.00 PAYABLE TO: **TOTAL SOCCER FITNESS & TRAINING**

FILL OUT FORM AND MAIL TO:

**HIGH SCHOOL SELECT, 4 PHEASANT ROAD, COLTS NECK, NJ 07722**

[NOTE: THERE IS NOT A PRO-RATED FEE AVAILABLE.

THE CAMP FEE OF \$225.00 TAKES INTO ACCOUNT THAT PLAYERS WILL MISS SESSIONS THROUGHOUT THE SUMMER.]

## MEDICAL INFORMATION:

Please list any medical information we need to know about, such as injuries, allergies or medications.

\_\_\_\_\_  
\_\_\_\_\_

## INDEMNIFICATION

As the Parent/Guardian of the above listed player, I, \_\_\_\_\_  
(please print Parent/Guardian Name)

agree to allow the above listed player to participate in Total Soccer Fitness & Training's 2017 High School Select Summer Soccer Program and hereby agree to release, absolve, and/or indemnify Total Soccer Fitness & Training LLC and all other persons associated with Total Soccer Fitness & Training LLC, including all staff instructors, from and against any and all claims regarding injury to the above listed player.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

FOR OFFICE USE ONLY

PAID BY:  
CHECK DATE:  
AMOUNT PAID:

CHECK NUMBER:  
DATE RECEIVED: