

Highland Park Department of Recreation

Girls Spring Soccer

For Girls in K-4th Grades

“Spring Training” Skills Clinics 2008
In beautiful Donaldson Park

5 Super Sessions

Starting in May
(May 13, 20, 27, and
June 3, 17)

Time: 6:00-7:15pm

*Highland Park Recreation
presents Spencer Rockman
and Rovers Professional
Coaching Staff.*



Cost:
\$30.00 HP Residents;
\$45.00 Non-Residents

-En-Joy-ment
-Em-Power-ment

**Fun & Fitness For All
Skill Levels!!!**

**Reserve your place—
Register today!**

2008 Girls Spring Soccer REGISTRATION FORM

**One Form Per Participant - Check or Money Order Only,
Make Checks Payable to “The Borough Of Highland Park” - No Refunds!**

Name of Child _____

Name of Parent _____

Applicant Age _____ School Grade _____

Address _____

Town _____ Zip _____

Home Phone: _____ Work Phone _____

Cell Phone _____ Email Address _____

I agree to abide by the conditions herein and agree to hold harmless, waive, and release any and all claims for damages against the Borough of Highland Park, its agents and employees, and other such individuals who may be involved in the planning and implementation of this program or event. I recognize that participation in sports and other activities may occasionally lead to injury. Most common injuries that occur are abrasions, bruises, sprains and strains. Less common injuries, but perhaps more serious, may occur. I hereby authorize emergency medical care for my children) or myself. If, in the judgment of the staff, treatment is required for injury or illness, I hereby authorize the administering of anesthetics and recourse to other procedures deemed necessary by attending physician. I recognize that I am financially responsible for any expenses for medical care or transportation incurred. I further understand that photographs may be taken, and will be used for promotional purposes only. **Please Initial indicating that you have read this statement.**

Please list Medical Conditions/ Special Needs/Allergies/ Medications

Emergency Contact Name _____

Phone Number _____ Relationship _____

Check or Money Order # _____ Total Payment Amount Enclosed \$ _____

Parent Signature _____

Send To:

Highland Park Department of Recreation. 220 South 6th Avenue, Highland Park NJ, 08901 Phone: 732-819-0411