



HAZLET UNITED SOCCER ASSOC.



P.O. Box 331  
Hazlet, N.J. 07730

Travel Registration

Travel Team: \_\_\_\_\_ Age Bracket: \_\_\_\_\_

Player's Name (print) \_\_\_\_\_

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Are you registering for HUSA Rec Soccer?: Yes/No \_\_\_\_\_

Do you have a brother/sister playing in Rec/Travel: Yes No – if yes, Child's name:  
\_\_\_\_\_

**IF YOUR CHILD IS PLAYING TRAVEL SOCCER AND WANTS TO PLAY REC SOCCER, THERE IS AN ADDITIONAL FEE OF \$75.00 TO COVER COSTS.**

**NO REFUNDS WILL BE MADE AFTER SEASON STARTS!!**

All registrations must be complete, including Parent's/Guardian's signature. All checks to be made payable to "Hazlet United Soccer Assoc." (HUSA).

I wish my son/daughter to participate in the current soccer season. I agree to respect and abide by the rules as set forth by the Hazlet United Soccer Assoc. and agree that any infraction of these rules may mean the dismissal of the player from the team. **I understand that the Hazlet United Soccer Assoc. & the Hazlet Recreation Commission assumes no financial or moral obligation for any injury other than covered by the standard N.J.S.Y.S.A. Insurance.** I further state that my son/daughter has been in good health and has been examined by a physician within the past year. With this understanding, I give permission for my son/daughter to participate in this soccer program. **I also understand that any person who interferes with or harasses referees, coaches, or players during any regular season game may cause the game to be forfeited and their child suspended from the program.** Initial here: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_

Print Parent's name here: \_\_\_\_\_

Any Medical Conditions: \_\_\_\_\_

Amount of Registration: \_\_\_\_\_ Check # \_\_\_\_\_ Cash: \_\_\_\_\_