

INDIVIDUAL REGISTRATION FORM • SUMMER '09

REMOVE THIS CENTER PAGE AND COMPLETE FORM TO REGISTER

Participant's Name: _____

Parent/Guardian (if under 18) Name: _____

Date of Birth: ___/___/___ Age: ___ Boy Girl

Email Address: _____

Address: _____

City: _____ State: ___ Zip: _____

Phone #: (Day) _____

(Night) _____

TOTAL AMOUNT DUE: \$ _____

CASH CHECK (NO REFUNDS WILL BE GIVEN)

CREDIT CARD: VISA MC DSCVR AMEX Card # _____ Exp. Date: _____

Signature: _____

All balances MUST be paid in full at the time of registration. NO REFUNDS WILL BE GIVEN.

Please Read Carefully and sign the following Registration-Understanding/Waiver.

In consideration for being allowed to participate in any way in GOODSPORTS USA athletic/sports programs, and related events, I the undersigned voluntarily agree to assume full and complete responsibility for any injury or accident which may occur to the above named child during or in connection with GOODSPORTS USA or it's staff while they/I am on the premises of GOODSPORTS USA. I acknowledge that at GoodSports USA, I/they will participate in activities that may involve, among other things, physical contact with persons or objects, including the ground, and may incur a risk of injury. I specifically waive, give up and release GoodSports USA and its staff, from all liability for any claim for damages which I/the above named child may have relating to injuries or illness that I/they may sustain. In signing this waiver, I certify that I/the above child are in good health, with no chronic illness or abnormal tendencies. In the event of an emergency in which I/the above child requires medical care, I authorize GOODSPORTS USA to act for me and obtain whatever medical, surgical or dental examination, diagnosis and/or treatment is deemed necessary. GOODSPORTS USA is not responsible for my personal belongings which are lost, stolen, or damaged. I agree to have all fees paid in full before the first game. I further understand that I should be aware of my/the above named child's physical limitations and agree not to exceed them. I agree to review the rules and inspect the facilities and if I believe it is unsafe I will advise his or her coach and refuse to participate. GoodSports reserves the right to cancel or change any scheduled events.

Signature: _____ Print Name: _____

You **MUST** mark which program(s) you are registering for on back of form.

*Note: Many sports have multiple Sessions/Levels/Times etc.

be sure to mark all fields for the sport(s) you are signing up for.

- **Use One form per person.** Please call us for additional forms if needed or visit us online.
- **Do NOT use this form for:**
Allaire Country Day Summer Camp, Parties, Facility Rentals & Team Training,
Infant Aquatic Survival, Key 2 Training, Turn 2 Consulting

REQUIRED EQUIPMENT

Soccer: Shin Guards, Soccer Ball, Cleats or Indoor Shoes

Boys Lacrosse: Stick, Mouth Guard, Helmet with Cage, Shoulder Pads, Gloves, Elbow Pads, Athletic Cup w/ Supporter

Girls Lacrosse: Stick, Mouth Guard, Goggles (Goalkeepers need own equipment)

Field Hockey: Stick, Shin Guards, Mouth Guard (Goalkeepers need own equipment)

Roller Hockey: Helmet with Full Cage or Shield, Mouthpiece, Shoulder Pads, Shin Pads, Knee Pads, Elbow Pads, Athletic Cup with Supporter, Hockey Stick, Skates (NO black wheels), Gloves

Baseball/Softball: Bat and Glove

Football Camp: White T-Shirt

REQUESTS:

GoodSports will try to meet all of your scheduling requests but we cannot guarantee your request.

INDIVIDUAL REGISTRATION

Use reverse side of form for any requests

Please mark which program(s) you are registering for.

SELECT Shirt Size: Youth L Adult S Adult M Adult L

SOCCER

Pre-Season H.S. & College \$225 Per Player
Boys & Girls • August 10-14 • 8:00am-11:00am

Sea Girt Soccer Camp \$225 Per Player
Boys & Girls • August 3-7 • 9:00am-3:00pm
 Recreation (Ages 5-10) Travel Camp (Ages 8-14)
 Team Camp (Ages 8-14) Goalkeeper School (Ages 8-14)

FOOTBALL

Youth Football Camp \$75 Per Player
ONE DAY • Saturday July 11 • 8:30am-2:30pm
3rd - 8th grade

VOLLEYBALL

High School Volleyball Camp \$195 Per Player
August 10-14 • 9th - 12th grade
 Boys 9:00 am-12:00 pm
 Girls 1:00 pm-4:00 pm

ROLLER HOCKEY

Youth Instructional Clinic \$125 Per Player
July 10 - August 21 • 4-12 years • 5:00-6:00pm

Youth Hockey Camp \$225 Per Player
 Skater Goalkeeper
 Basic Skills • 4-12 years • July 27-31 • 1:00-5:00
 Intermediate/Advanced • 7-14 years • August 3-7 • 1:00-5:00

Youth Draft Leagues \$125 Per Player
 Skater Goalkeeper
 Recreation 12+ under 14+ under High School
 Below Average Average Above Average
(FOR TEAMS USE TEAM REGISTRATION FORM)

FIELD HOCKEY

Youth Camp \$195 Per Player
July 13-16 • 9:00 am - 12:00 pm • 10-18 years
 Goalkeeper Field Player

BASEBALL

Pro-Player Camp \$225 Per Player
August 3-7 • 9:00 am - 12:00 pm • 7-14 years

SOFTBALL

Softball Camp \$225 Per Player
July 27-31 • 9:00 am - 12:00 pm • 8-17 years

LACROSSE

Girls Lacrosse Camp \$195 Per Player
July 20-23 • 7-16 years

8:00am-10:00am H.S. & college bound player
 10:30am-12:30pm Beginner/Intermediate
 Goalkeeper Field Player

Boys Lacrosse Camp \$225 Per Player
July 6-10 • 9-12pm • 7-14 years
 Goalkeeper Field Player

Boys 6th-8th Grade \$100 Per Player
June 9 - August 11
 A-Division B-Division Goalie Field Player

SWIM LESSONS

GROUP SWIM LESSONS

1. CHOOSE SESSION DATES:

- Session 1: June 29 - July 9
 Session 2: July 13 - July 23
 Session 3: July 27-Aug 6

2. CHOOSE AMOUNT OF SESSIONS:

- 1 Session/8 Lessons/\$185
 2 Sessions/16 Lessons/\$335
 3 Sessions/24 Lessons/\$455

3. CHOOSE SESSION TIME:

- 9:00-9:45am
 11:00-11:45am

You **MUST** choose:
• Session **Date**
• **Amount** of Sessions
• Session **Time**

PRIVATE SWIM LESSONS

Private Lessons/one-on-one/30 Minutes/\$45 per lesson
Number of Lessons _____
MUST schedule lesson(s) with Aquatics Manager Megan MacLean
732-681-8898 Ext 24

AQUATICS PROGRAMS

Baby & Me Swim Member: \$100 Non-Member: \$150
 Red Cross Lifeguard Member: \$300 Non-Member: \$325

Infant Aquatic Survival Instruction **MUST** register with Beth Ann Marron
visit www.infantswim.com or email: bethannmarron@gmail.com or

POOL MEMBERSHIPS

List all members names and D.O.B./Under 2yrs -FREE

- 1 - \$300 _____
 2 - \$520 _____
 3 - \$660 _____
 4 - \$740 _____
 5 - \$850 _____
 6 - \$900 _____

Members **MUST** reside at same household I.D. required