

MAYOR BERT STEINMANN PRESENTS...

2014 ADULT INDOOR SOCCER

TUESDAYS 6:30PM - 8:00PM

NOVEMBER - APRIL

DIRECTOR: BRIAN JANECEK

\$75.00 PER PLAYER

REGISTRATION FORM

Age: _____, **Date:** _____

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

Did you participate last year? Yes _____ **No** _____

Any Known Illness: _____

Emergency Contact: _____ **Phone:** _____

Office Use Only

Received by: _____ **Receipt #:** _____ **Amount Paid:** _____

Cash: _____ **Check#:** _____ **Date:** _____ **Municipal:** _____

Credit Card#: _____ **Exp. Date:** _____

Note, for all Credit Card payments, there is a 2.45% convenience fee added to your amount



TOWNSHIP OF EWING RECREATION DEPARTMENT

"Something for Everyone"

2 JAKE GARZIO DRIVE

(609) 883-2900 EXT. 7704

EWING, N.J. 08628

TED F. FORST, DIRECTOR

EWING TOWNSHIP RECREATION PROGRAM

WAIVER FORM

The Signer agrees to indemnify and save harmless, the Township of Ewing, its agents, servants, or employees, and each and every one of them, against and from all suits, claims, losses, or damages which may occur as a result of any injury to which the Township of Ewing or any of its agents, servants, or employees, may be put to by reason of injury to the person or property of the participant, or others, as a result of the negligence or through any act or omission on the part of the Township of Ewing, its agents, servants, or employees in the event any judgment is obtained against them resulting from the injury.

League _____

Team _____

Signature of Participant Print Name

Date _____

PLEASE RETURN TO THE EWING TOWNSHIP RECREATION DEPARTMENT