



The program will be run in clinic format with instruction on all aspects of the game given weekly. The players will be broken up into groups and play a game each week as well. The clinic will meet on Friday evenings only.

\*Divisions will be separated by gender when possible\*

<u>Member Fee</u>: \$85 <u>Non-Member Fee</u>: \$120 (\$85 + \$35 yearly membership fee) <u>Season Length</u> – 6 Weeks <u>Deadline to register</u>: January 22, 2018

> Team requests will <u>not</u> be accepted \*\*All correspondence will be sent by e-mail\*\*

A \$5 LATE FEE WILL BE CHARGED AFTER REGISTRATION DATES.

NO REFUNDS WILL BE ISSUED AFTER REGISTRATION HAS BEEN COMPLETED. A \$5 FEE WILL BE CHARGED FOR ALL REFUNDS PRIOR TO THE CLOSE OF REGISTRATION. ANNUAL MEMBERSHIP FEE IS NOT REFUNDABLE.

A FAMILY DISCOUNT OF 10% WILL BE GIVEN FOR 3 OR MORE CHILDREN REGISTERED FOR THE SAME PROGRAM.

## **\*ONLINE registration is available for this program**\*

Mail form and fee to: Boys & Girls Club of Pequannock 19 Oak Ave Pequannock, NJ 07440 973-633-9007 www.bgcnwnj.org www.facebook.com/bgcofpequannock

\*not a school sponsored activity\*

## Boys & Girls Club of Northwest New Jersey Pequannock Unit 2018 Kindergarten Indoor Soccer Program

Child's Name: Address: City: Home Phone: Indoor Soccer Division:	State: Emerg	State: Zip: _ Emergency Phone:			Gr	ade:	
T-Shirt Size: ys ym							
Playing Experience: (please	<u>e circle one</u> ) <b>H</b>	Beginner	Int	erme	diate	Advanced	Travel
Parent/Guardian Information	on:						
Mother's Name:							
Business Name & Address:Business Phone:E-mail							
Business Phone:		_E-mail_					
Father's Name:							
Business Name & Address	:	<b>F</b> 11					
Business Phone:		_E-mail_					
Does your child have any impairment?							
<b>Sponsors:</b> We need sponsors to help defray the cost of our Indoor Soccer Program. Sponsorships are \$100 and are tax deductible.							
Company or Sponsor Name				Contact Person & Phone #			
Company or Sponse	or Address						

## Coaches: We need coaches for your child's team!

Name

Phone #

I hereby give consent for my child to participate in the Boys & Girls Club of Northwest NJ Indoor Soccer Program. I assume all risk in regard to participation in this and any other Boys & Girls Club NWNJ program in which my child may participate. I release, indemnify and agree to hold harmless the Boys & Girls Club of Northwest New Jersey its directors, officers, coaches, and volunteers from any liability that may result from participation in Boys & Girls Club activities.

By my signature, I attest to the following:

- That the above information is correct.
- That in the event of a medical emergency, I authorize the Boys & Girls Club of Northwest NJ to seek emergency medical care for my child as deemed necessary by the Director.