



Grades: Kindergarten to 3

Players will be broken up into groups and play a game every week with weekly instructions on all aspects of the game, with focus placed on skill development!

BEGINNING ON May 1st, 2018, THE PROGRAM WILL RUN FIVE WEEKS AND BE HELD ON TUESDAY EVENINGS AT THE BOYS & GIRLS CLUB OF PEQUANNOCK FROM 6:00pm to 7:30pm.

Conducted by Steven Beneventine and his staff from TSF Academy and The Sports Factory.

Registration Deadline: April 13, 2018

REGISTRATION FEE: \$55 member fee

Non-Member Fee: \$90 (\$55 + \$35 Membership Fee)

A \$ 5 LATE FEE WILL BE CHARGED AFTER REGISTRATION DEADLINE. THE \$5 FEE WILL BE ASSESSED ONCE PER FAMILY.

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.

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

****All correspondence will be sent by e-mail. Please provide e-mail addresses on back****

Mail form and fee to:
BOYS & GIRLS CLUB OF PEQUANNOCK
PEQUANNOCK, NJ 07440
(973) 633-9007

www.bgenwnj.org
www.facebook.com/bgcofpequanock

not a school sponsored activity

Member Fee: \$55
Non-Member Fee: \$90
\$55 + \$35 Yearly Membership

Boys and Girls of Northwest New Jersey
Pequanock Unit
2018 Spring Soccer Clinic

Child's Name: _____ Date of Birth: _____
Address: _____ Age: _____ Grade: _____
City: _____ State: _____ Zip: _____ Gender: _____
Home Phone: _____ Emergency Phone & Contact: _____
E-Mail Address: _____ T-Shirt Size: _____

Where did you receive this flyer? _____

Parent/Guardian Information:

Mother's Name: _____ Work E-mail _____
Business Name/Address: _____
Business Phone: _____

Father's Name: _____ Work E-mail _____
Business Name/Address: _____
Business Phone: _____

Does your child have any impairment? _____

Sponsors: We need sponsors to help defray the cost of our Soccer Program. Sponsorships are \$100 and are tax deductible. Sponsors will receive your company name on all schedules & rosters.

Company or Sponsor Name Contact Person and Phone #

Company or Sponsor Address

I hereby give consent for my child to participate in the Boys & Girls Clubs of NWNJ Spring Soccer Clinic Program. I assume all risk in regard to participation in this and any other Boys & Girls Clubs of NWNJ program in which my child may participate. I release, indemnify and agree to hold harmless the Boys & Girls Clubs of NWNJ, Inc. its directors, officers, coaches, and volunteers from any liability that may result from participation in Boys & Girls Clubs of NWNJ 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 Clubs of NWNJ to seek emergency medical care for my child as deemed necessary by the Director

(Signature of Parent or Guardian)

(Date)