

# Girls Recreation Soccer U14 - 2010

(Birthdate 8/1/96 - 7/31/98)

**Have fun with your friends while playing in the Inter-County Youth Soccer League!**  
(Practice dates and times to be announced)



**Sign-ups: April 29th-May 14th**

\*Evening sign up on April 29th only

Due to the growth of the program and the efforts required to choose teams and assign coaches, registration will be completed on May 14th. Sign-ups after that date will be on a space-available basis.

**A \$15 late fee is charged after May 14th.**

**A \$10 cancellation fee applies to all cancelled registrations. No refunds will be given after July 2nd**

**Please complete the form below and return to the Recreation Department at Borough Hall.**

*Make checks payable to:*

Mountainside Recreation Department  
1385 Route 22 East  
Mountainside, NJ 07092



**Fee:**

\$92 per child

(Non-refundable after July 2nd)

***Enrollment will be limited according to the number of people who volunteer to coach.***

**What to wear:**

Soccer shoes/Shin guards

Gym shorts

Protective eyewear if necessary

No jewelry

**Team jersey and socks will be provided!**

[www.mountainside-nj.com/recreation.htm](http://www.mountainside-nj.com/recreation.htm)

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First name \_\_\_\_\_ Last name \_\_\_\_\_

Street \_\_\_\_\_ Medical limitations \_\_\_\_\_

Town \_\_\_\_\_ Allergies \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Jersey Size:

Adult Small

Email \_\_\_\_\_  Adult Medium

Adult Large

Date of birth \_\_\_\_\_ School \_\_\_\_\_ Grade (Fall 2010) \_\_\_\_\_

My daughter has been examined by a physician, and to the best of my knowledge is physically fit to participate in a soccer program. Permission is hereby granted to engage in this activity. The Borough of Mountainside, employees, and coaches will not be liable for any injury incurred from practice or games. Players are responsible for their own transportation to and from games and practices. I understand that state law requires my daughter to wear protective eyewear that meets national standards during this activity if she normally wears corrective eyeglasses. I give permission for my daughter to be photographed, and for photographs to appear in Recreation Department materials.

**Parent's authorization** \_\_\_\_\_

**I am willing to help with:** \_\_\_\_\_ **Coaching Name** \_\_\_\_\_ **Polo Size** \_\_\_\_\_

\_\_\_\_\_ **Phone calls Name** \_\_\_\_\_

Fee paid: \_\_\_\_\_

2010