Recreation Soccer for Grades 3-4

Your grade in September 2010

Have fun with your friends! Play in the in-town instructional recreation league.

Games will be played on weekends from September to November on the Echo Brook Field at Borough Hall.

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

Featuring:
Weekly training by
Victory Soccer Academy!

Fee:
$77 per child

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

What to wear:
Soccer shoes/Shin guards
Gym shorts (team colors to be announced)
Protective eyewear if necessary
No jewelry

Team jersey and socks will be provided!

www.mountainside-nj.com/recreation.htm

3rd-4th Grade Recreation Soccer - 2010

First name_____ Last name_____

Street_____ Medical limitations_____

Town_____ Allergies_____

Email _____

Day phone_____ Evening phone_____

Date of birth_____ School (Fall 2010)_____ Grade (Fall 2010)_____

☐ Female
☐ Male

Jersey Size Youth Large Adult Small Adult Medium

*Jersey Size is not guarenteed

My child 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, or 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 child to wear protective eyewear that meets national standards during this activity if he/she normally wears corrective eyeglasses. I give my permission for my child to be photographed, and for photographs to appear in recreation Department materials.

Parent's authorization_____

I would be willing to help with: _____ **Coaching** **Name** _____ **Polo Size** _____
_____ **Phone calls** **Name** _____

Coaches must participate in the NJYSA clinic. Call 908-232-0015 for details.

2010

Fee paid:_____

Mountainside Recreation Department - (908) 232-0015