

# Girls Indoor Soccer

Ages: 5 to 13

The Divisions will be as follows:

- **Kindergarten Division** – (Games at Hillview Friday Nights)
- **Biddy Division** – Grades 1 & 2 (Games at Hillview Saturdays)
- **Intermediate Division** – Grades 3 & 4 (Games at Hillview Saturdays)
- **Junior Division** – Grades 5 & 6 (Games played at PVMS)
- **Senior Division** – Grades 7 & 8 (Games played at PVMS)

**\*Day or location may change\***

Divisions will be separated by gender when possible

**We cannot honor team placement or carpool requests for any reason!**

Biddy Division: Tuesday Practice 6pm or 7pm

Intermediate Division: Wednesday Practice 6pm 7pm or 8pm

Biddy and Intermediate division 1 practice and 1 game per week

Junior and Senior division 2 games per week

A skills evaluation and draft will take place for grades 3-8 to keep the teams as even as possible. A skills evaluation and draft will take place for grades 3-8 to keep the teams as even as possible.

Intermediate Boys – Tuesday February 6th -6pm

Intermediate Girls – Tuesday February 6th – 7:30pm

JR/SR – Tuesday February 6th – 6:30pm

Location TBD

**\*Day or location may change\***

Season begins mid-February and runs for 6 weeks.



**Register Deadline January 22, 2018**

**Kindergarten Member Fee: \$85 Non-Member fee \$120 (\$85 + \$35 Yearly Membership)**

**Member Fee: \$95 (Grades 1-8)**

**Non-Member Fee: \$130 (\$95 + \$35 Yearly Membership)**

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

**\*\*All correspondence will be sent by e-mail. Please make sure to enter e-mail addresses on back of this form\*\***

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

For more information contact:  
Boys & Girls Club of Pequannock  
19 Oak Ave  
Pequannock, NJ 07440  
973-633-9007  
www.bgcwnj.org  
www.facebook.com/bgcofpequannock  
**\* Not a school sponsored program\***



KDG Fee: \$85 Non-Member Fee: \$120 \$85 + \$35 Yearly Membership <hr/> Member Fee: \$95 (Grade 1-8) Non-Member Fee: \$130 \$95 + \$35 Yearly Membership
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**Boys & Girls Club of Northwest New Jersey**  
**Pequannock Unit**  
**2018 Indoor Soccer Program**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
 Indoor Soccer Division: \_\_\_\_\_ **E-mail** \_\_\_\_\_  
 T-Shirt Size:    ys    ym    yl    yxl    as    am    al    axl

**Playing Experience: (please circle one) Beginner Intermediate Advanced Travel**

Parent/Guardian Information:  
 Mother's Name: \_\_\_\_\_  
 Business Name & Address: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ **E-mail** \_\_\_\_\_

Father's Name: \_\_\_\_\_  
 Business Name & Address: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ **E-mail** \_\_\_\_\_

Does your child have any impairment? \_\_\_\_\_

**Sponsors:** 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 Sponsor 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.

\_\_\_\_\_  
 (Signature of Parent or Guardian) (Date)