



**Grades: Kindergarten to 2**

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!

The program begins April 30, 2018 and will run 6 weeks. It will be held on Monday evenings at George Washington Middle School from 6pm to 7:30pm and is conducted by Steve Beneventine.

**REGISTRATION FEE: \$70**

**REGISTRATION DEADLINE: APRIL 14, 2018**

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 Clubs of Northwest New Jersey

Wayne Unit  
153 Garside Avenue  
Wayne, NJ 07470  
973-956-0033

[www.bgcnwnj.org](http://www.bgcnwnj.org)

[www.facebook.com/bgcnwnj](https://www.facebook.com/bgcnwnj)

\*not a school sponsored event\*





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 a team shirt and a certificate as well as your company name on all schedules & rosters.

\_\_\_\_\_  
 Company or Sponsor Name \_\_\_\_\_  
 Contact Person and Phone No.

\_\_\_\_\_  
 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)