



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 May 4, 2020 and will run 5 weeks. It will be held on Monday evenings at TSF Located in Lincoln Park from 6pm to 7:30pm and is conducted by Steve Beneventine.

REGISTRATION FEE: \$75

REGISTRATION DEADLINE: APRIL 25, 2020

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.bgcwnnj.org

www.facebook.com/bgcwnnj

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)