

Kindergarten

The program will be run in clinic format with instruction on all aspects of the game given weekly. The players will be broken up into groups and play a game each week as well. The clinic will meet on Friday evenings only.

Registration Deadline: January 26, 2018

Fee: \$90 per child

A \$5 LATE FEE WILL BE CHARGED AFTER REGISTRATION DEADLINE. THE \$5 FEE WILL BE ASSESSED ONCE PER FAMILY.

***All correspondence will be sent by e-mail.
Please provide e-mail addresses on back of form***

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



Mail form and fee to:
Boys & Girls Clubs of Northwest New Jersey
Wayne Unit
153 Garside Ave.
Wayne, NJ 07470
973-956-0033

www.bgcnwnj.org www.facebook.com/bgcnwnj *not a school sponsored activity*



Boys & Girls Clubs of Northwest New Jersey Wayne Unit 2019 Kindergarten Indoor Soccer Program

Child's Name:			Date	of Birth:		
Address:			Age:		Gender:	
City:	State:	Zip:		_Grade: _		
Home Phone:						
Indoor Soccer Division: _	E-ma	ail				
T-Shirt Size ys ym yl y	xl as am al az	kl				
Parent/Guardian Informat						
Mother's Name:						
Business Name & Addres	s:					
Business Phone:		E-mail				
Father's Name:						
Business Name & Addres	SS:					
Business Phone:		E-mail				
D 1911						
Does your child have any	impairment?					
Sponsors: We need spon are \$100 and are tax dedu		ay the cost of	our ina	oor Socce	r Program. Sponsors	nips
Company or Sponsor Nan	ne		Cor	ntact Perso	on & Phone	
Company or Sponsor Add	ress					
Coaches: We need coach	hes for your chi	ild's team!				
Name			Pho	one		
I hereby give consent for my assume all risk in regard to pa child may participate. I relea directors, officers, coaches, and of NWNJ activities. By my signature, I attest to the	articipation in this a se, indemnify and d volunteers from a	and any other Bo agree to hold ha	ys & Gii rmless th	rls Clubs of ne Boys &	f NWNJ program in whic Girls Clubs of NWNJ, I	ch my nc. its
- That in the event	formation is correct of a medical emerg al care for my child	ency, I authorize			ubs of NWNJ to seek	
(Signature of Parent or Guardia	<u></u>	(Date)			_	