



# Kindergarten Indoor Soccer



## 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 25, 2020**

**Fee: \$100 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](http://www.bgcnwnj.org)

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

\*not a school sponsored activity\*



Boys & Girls Clubs of Northwest New Jersey

Wayne Unit  
2020 Kindergarten 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

Parent/Guardian Information:

Mother's Name: \_\_\_\_\_  
Business Name & Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Business Name & Address: \_\_\_\_\_  
Business 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 Clubs of NWNJ Indoor Soccer 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)