



**Grades: Kindergarten to 3**

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!

BEGINNING ON May 7<sup>th</sup>, 2019, THE PROGRAM WILL RUN FIVE WEEKS AND BE HELD ON TUESDAY EVENINGS AT THE BOYS & GIRLS CLUB OF PEQUANNOCK FROM 6:00pm to 7:30pm.

Conducted by Steven Beneventine and his staff from TSF Academy and The Sports Factory.

**Registration Deadline: April 19, 2019**

**REGISTRATION FEE: \$55 member fee**

**Non-Member Fee: \$90 (\$55 + \$35 Membership Fee)**

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 CLUB OF PEQUANNOCK  
PEQUANNOCK, NJ 07440  
(973) 633-9007

[www.bgcnnj.org](http://www.bgcnnj.org)  
[www.facebook.com/bgcofpequanock](https://www.facebook.com/bgcofpequanock)

\*not a school sponsored activity\*

Member Fee: \$55  
Non-Member Fee: \$90  
\$55 + \$35 Yearly Membership

Boys and Girls of Northwest New Jersey  
Pequanock Unit  
2019 Spring Soccer Clinic

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 your company name on all schedules & rosters.

\_\_\_\_\_  
Company or Sponsor Name

\_\_\_\_\_  
Contact Person and Phone #

\_\_\_\_\_  
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)