



# Kindergarten Indoor Soccer



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.

**\*Divisions will be separated by gender when possible\***

**Member Fee: \$85**

**Non-Member Fee: \$120 (\$85 + \$35 yearly membership fee)**

**Season Length – 6 Weeks**

**Deadline to register: January 25, 2019**

**Team requests will not be accepted**

**\*\*All correspondence will be sent by e-mail\*\***

**A \$5 LATE FEE WILL BE CHARGED AFTER REGISTRATION DATES.**

**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.**

**ANNUAL MEMBERSHIP FEE IS NOT REFUNDABLE.**

**A FAMILY DISCOUNT OF 10% WILL BE GIVEN FOR 3 OR MORE CHILDREN REGISTERED FOR THE SAME PROGRAM.**

**\*ONLINE registration is available for this program\***

**Mail form and fee to:  
Boys & Girls Club of Pequannock  
19 Oak Ave  
Pequannock, NJ 07440  
973-633-9007**

[www.bgcnnnj.org](http://www.bgcnnnj.org)  
[www.facebook.com/bgcnnnjpequannock](https://www.facebook.com/bgcnnnjpequannock)

\*not a school sponsored activity\*

Boys & Girls Club of Northwest New Jersey  
Pequanock Unit  
2019 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

**Playing Experience:** (please circle one) **Beginner**    **Intermediate**    **Advanced**    **Travel**

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.

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Company or Sponsor Name	Contact Person & Phone #

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Company or Sponsor Address

**Coaches: We need coaches for your child's team!**

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Name	Phone #

I hereby give consent for my child to participate in the Boys & Girls Club of Northwest NJ Indoor Soccer Program. I assume all risk in regard to participation in this and any other Boys & Girls Club NWNJ program in which my child may participate. I release, indemnify and agree to hold harmless the Boys & Girls Club of Northwest New Jersey its directors, officers, coaches, and volunteers from any liability that may result from participation in Boys & Girls Club 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 Club of Northwest NJ to seek emergency medical care for my child as deemed necessary by the Director.

\_\_\_\_\_  
(Signature of Parent or Guardian) (Date)