

ENGLEWOOD CLIFFS SOCCER PROGRAM 2013

DOWNLOAD FORMS AT www.inglewoodcliffsnj.org

Fall Soccer starts September 7th and will run through November 25th. In order to achieve an organized and balanced program, please return registration form by September 7th, 2013.

In person registration is on September 7th, 2013 at Witte Field.

All children in K-12th grade in September '13 qualify to play in the program. High School students will have their own league.

Tentative schedule: **September 7th, CLINIC for ALL soccer players**

*K & *1 st grade	9:00am to 10:00am	<i>*group plays on Saturdays only</i>
2 nd & 3 rd grade	10:00am to 11:00am	
4 th & 5 th grade	11:00am to 12:00pm	
6 th – 8 th grade	12:00pm to 1:00pm	
9 th – 12 th grade	1:00pm to 2:00pm	

VOLUNTEERS NEEDED TO COACH

High school students: Receive community hours for assisting and coaching games.

Email Paul Duffy, rec@inglewoodcliffsnj.org if there is an interest.

- Kindergarten and new residents must show proof of age and residency. ***COPIES ONLY***
- ALL REGISTERED PLAYERS must wear cleats and shin guards.
- STAY INFORMED FOLLOW US ON TWITTER @ECrecreation

✂----- **MAIL REGISTRATION BY SEPTEMBER 7th, 2013**-----

Borough Hall Soccer, 482 Hudson Terrace, Englewood Cliffs, NJ 07632 Check# _____

Check payable to: Borough of Englewood Cliffs - \$100 per player Cash _____

Child's Name: _____ Age as of 9/1/13: M or F Grade as of 9/13: _____

Address: _____ Phone : _____ Cell _____

Parent/Guardian Name: _____ E-mail: _____

Interested in coaching? Name: _____ Phone: _____

Community Service Volunteer: _____ Phone: _____

I/WE THE PARENTS OF THE ABOVE NAMED CANDIDATE FOR A POSITION IN THE ENGLEWOOD CLIFFS SOCCER PROGRAM, HEREBY GIVE MY/OUR APPROVAL TO THEIR PARTICIPATION IN ANY AND ALL SOCCER PROGRAM ACTIVITIES DURING THE 2013 SEASON. I/WE DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE ENGLEWOOD CLIFFS SOCCER PROGRAM, AFFILIATED SOCCER LEAGUES, ORGANIZERS, SPONSORS, COACHES, PARTICIPANTS, AND PERSONS TRANSPORTING MY/OUR CHILD TO OR FROM RELATED ACTIVITIES FOR ANY CLAIM ARISING OUT OF INJURY TO MY/OUR CHILD EXCEPT TO THE EXTENT AND IN THE AMOUNT COVERED BY ACCIDENT OR LIABILITY INSURANCE.

I/WE AGREE TO RETURN ANY UNIFORMS/EQUIPMENT ISSUED TO MY/OUR CHILD AS REQUESTED BY PROGRAM OFFICIALS OR COACHES.

Parents Signature: _____ Date: _____

Player's shirt size: Youth Large or Adult Small Adult Medium Adult Large