

# Soccer Club of Springfield K-2 Winter Indoor Soccer League



[www.SoccerClubOfSpringfield.org](http://www.SoccerClubOfSpringfield.org)  
(A Non-Profit Organization)

Mail This Form, Along With The Non-Refundable \$110 Fee, To:

**The Soccer Club of Springfield, Inc. • P.O. Box 351 • Springfield, NJ 07081**

**UNFORTUNATELY, SPACE IS LIMITED. IN THE PAST, THIS PROGRAM HAS FILLED UP QUICKLY. PLEASE RESPOND A. S. A. P.**

Sessions will take place on Sunday afternoons at The Soccer Palace, in Westfield, NJ on ARTIFICIAL TURF. First session: 12/13/2009.

This RECREATIONAL league is open to Kindergarten through 2<sup>nd</sup> grade boys and girls. Each session will be 1 Hour long. There will be ten sessions. Each session will start with A SKILLS CLINIC. Emphasis will be on FUN and PLAYER DEVELOPMENT. A uniform jersey only (no shorts) will be included. Questions? Call Chris Cook at (973) 641-6761 for details.

Player Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M / F Shirt Size: YS YM YL YXL

E-Mail: \_\_\_\_\_ @ \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Important: I, the parent/guardian of the above-named player, a minor, agree that I and the player will abide by the rules and regulations of the Soccer Club of Springfield, Inc., the USYSA, and the NJYSA (the Soccer Parties), its affiliated organizations and its sponsors. In consideration of the player's participation in the soccer programs and activities of the Soccer Parties, I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the Soccer Parties, the owners and operators of the facilities used for the activities, and their respective directors, officers, employees, agents, and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs. I further grant to the Soccer Parties the right to use the player's name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the programs. My child has no medical conditions or restrictions that would be adversely affected by his/her participation in this program.

Parents'/Guardians' Names: \_\_\_\_\_

Parents'/Guardians' Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

\*Program depends on the availability of VOLUNTEER COACHES---Would you like to volunteer to COACH or ASSIST? yes / no