

# S. C. S. "Junior Bulldogs" Pre-K Winter Indoor Soccer League



## Junior Bulldogs

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

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

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

\*Fee: \$110 for new player, \$100 for returning player using previous uniform jersey.

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

Sessions will take place at The Soccer Palace, in Westfield, NJ on ARTIFICIAL TURF.

This league is open to Pre-K boys and girls born before 12/1/05. The 10 Sessions will be 1 Hour long, and take place on Sundays, between 12:00PM and 1:00PM. First session: 12/13/09. A SKILLS CLINIC will precede each game. Emphasis will be on FUN and PLAYER DEVELOPMENT. Questions? Call Chris Cook at (973) 641-6761 for details.

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

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

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M / F Have jersey already? yes / no Shirt Size: YS YM YL

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