

Soccer Club of Springfield U9-U12 Winter Indoor Soccer Program



www.SoccerClubOfSpringfield.org
(A Non-Profit Organization)

Mail This Form, Along With The Non-Refundable \$135 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 at The Soccer Palace, in Westfield, NJ on ARTIFICIAL TURF on Sundays. First session: 12/13/2009.

This RECREATIONAL program is open to U9, U10, U11, and U12 boys and girls (born after 7/31/1997). Sessions will be 1 hour long. There will be ten sessions. Emphasis will be on FUN and PLAYER DEVELOPMENT. In order to keep costs down, no uniform will be provided—teams will wear colored pinnies (scrimmage vests). Questions? Call Chris Cook at (973) 641-6761.

Player Name: _____

Address: _____ City: _____

Grade: _____ Date of Birth: _____ Seasons playing soccer: _____ Sex: M / F

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