



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

Soccer Club of Springfield Spring 2010 Recreation Soccer Program Grades 3 through 11

Mail this form: BY FEBRUARY 19th 2010 along with non refundable fee

CHECK APPROPRIATE BOX

- \$55.00* (Returning Players with uniforms)
- \$85.00* (New Players who need uniforms)

Payable to: The Soccer Club of Springfield, Inc.
P.O. Box 351 Springfield, NJ 07081

Forms received after Feb 19th will be accepted with a \$20 late fee - IF SPACE IS AVAILABLE

WHAT WILL YOU BE DOING IN THE OF
SPRING 2010?

WILL YOUR CHILD BE PLAYING OR
WISHING THEY WERE?
DON'T BE LEFT OUT OF THE FUN
& EXCITEMENT!

The Soccer Club of Springfield is
once again hosting Springfield's
only teaching league for soccer:

***3rd through 11th Grade
Children ***

Here's what you get !!

- Full Uniform
- 10 League Games played
within the Intercounty Youth
Soccer League
- Skills Training with a
Professional Trainer
- Participation Trophies (U-10's)

Questions?

**Tom Miskewitz
(609) 929-9112**

Coaches needed at all Levels! * Program subject to getting Parents to Volunteer as Coaches/Asst.
Coaches!

It is recommended that Coaches take the NJYSA - F - LICENSE COURSE

BOYS TEAM _____

GIRLS TEAM _____

Name: _____ Date of Birth: _____

Address: _____ Phone: (____) _____

Sept. 2009 Grade: ____ Emergency/Alternate Phone(s): (____) _____ (____) _____

Jersey Size: Youth S M L Adult S M L Shorts Size: Youth S M L Adult S M L

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., ICYSL, 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' Name(s): _____ Email: _____

(Please Print)

Parent's/Guardian's Signature: _____ Date: _____