



2019 SOCCER REGISTRATION

Register online today

www.saddlebrooksoccer.com

THIS PROGRAM IS NOT SPONSORED BY THE SADDLE BROOK BOARD OF EDUCATION

PLAYER INFORMATION

Last Name:	First Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Address:	Birth Date:	Age:
School:	Grade in September 2019:	
Please list any medical conditions:		
Shirt Size: <input type="checkbox"/> YS (8) <input type="checkbox"/> YM (10-12) <input type="checkbox"/> YL (14-16) <input type="checkbox"/> YXL (18-20) <input type="checkbox"/> AS (30-31) <input type="checkbox"/> AM (32-35) <input type="checkbox"/> AL (35-39) <input type="checkbox"/> AXL (39-43)		Short Size: <input type="checkbox"/> YS (8) <input type="checkbox"/> YM (10-12) <input type="checkbox"/> YL (14-16) <input type="checkbox"/> YXL (18-20) <input type="checkbox"/> AS (30-31) <input type="checkbox"/> AM (32-35) <input type="checkbox"/> AL (35-39) <input type="checkbox"/> AXL (39-43)
Sock Size: <input type="checkbox"/> Small (3-4.5) <input type="checkbox"/> Medium (5-6.5) <input type="checkbox"/> Large (7-8.5) <input type="checkbox"/> X-Large (9-13) Sizes are not guaranteed for registrations received after 6/30		
My child is interested in trying out for the outdoor travel/club soccer team: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please note that the Traveling program only applies to 1 st thru 8 th graders. There will be an additional registration fee, if your child makes the Travel/Club Team. There are also additional fees for uniforms.		

CONTACT INFORMATION

Contact Name:	Home Phone:	Cell Phone:
Relationship with Player:	Email Address:	
<input type="checkbox"/> I am interested in coaching. If interested, we will contact you with further information.		
I, undersigned Parent/Guardian give my child permission to play in the Saddle Brook Recreation Soccer Program. The Saddle Brook Recreation Department will assume responsibility only during practices scheduled by coaches and regular scheduled games as a secondary insurance carrier after first submitting any claims to your primary health insurance carrier.		
_____ <i>Parent/Guardian signature</i>		_____ <i>Date</i>

PAYMENT INFORMATION

<input type="checkbox"/> 1 Child - \$85	<i>Official Use Only</i> <input type="checkbox"/> Check Amount: Check Number: <input type="checkbox"/> Cash Amount:
<input type="checkbox"/> 2 Children - \$150	
<input type="checkbox"/> 3+ Children - \$225	
Make Checks Payable To: Saddle Brook Soccer, P.O. Box 8538, Saddle Brook NJ, 07663	
All Registrations Received After August 1st, 2019 Will Not Be Accepted	

REGISTRATION GUIDELINES

- A parent/guardian may request that their child not play for a particular coach.
- 1st and 2nd grade players are placed on their teams by the executive board. Most requests are honored regarding coaches and team placement.
- 3rd – 8th grade players are selected by coaches via a draft. Upon completion of the draft, all rosters are final and no trade requests will be honored.
- Once teams are selected, the team coach or coaches will contact their teams regarding practice and game schedules.
- Any complaints should be addressed to the executive board. All complaints must be made in writing.
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- ****NO REFUNDS****