



[www.saddlebrooksoccer.com](http://www.saddlebrooksoccer.com)

## 2017 SOCCER REGISTRATION

Register by June 30<sup>th</sup> to be included in team selection/draft

**MAKE CHECKS PAYABLE TO:**  
**SADDLE BROOK SOCCER,**  
**P.O. BOX 8538, SADDLE BROOK NJ, 07663**

**\*\*\*To Register and make payment on-line, please go to [saddlebrooksoccer.teampages.com](http://saddlebrooksoccer.teampages.com)\*\*\***

### PLAYER INFORMATION

Last Name:	First Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Address:	Birth Date:	Age:
School:	Grade in September 2017:	
Please list any medical conditions:		
Shirt Size: <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL	Short Size: <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL	
Sock Size: <input type="checkbox"/> Youth <input type="checkbox"/> Intermediate <input type="checkbox"/> Adult		
<b>My child is interested in trying out for the outdoor travel/club soccer team:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please note that the Traveling program only applies to 1 <sup>st</sup> thru 8 <sup>th</sup> 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.		
<hr/> <i>Parent/Guardian signature</i>		<hr/> <i>Date</i>

### PAYMENT INFORMATION

<input type="checkbox"/> 1 Child - \$85	<i>Official Use Only</i>	
<input type="checkbox"/> 2 Children - \$125	<input type="checkbox"/> Check    Amount:	Check Number:
<input type="checkbox"/> 3+ Children - \$155	<input type="checkbox"/> Cash    Amount:	
Make Checks Payable To: Saddle Brook Soccer, P.O. Box 8538, Saddle Brook NJ, 07663		
<b>All Registrations Received After August 1<sup>st</sup>, 2017 Will Not Be Accepted</b>		

### REGISTRATION GUIDELINES

- A parent/guardian may request that their child not play for a particular coach.
- 1<sup>st</sup> and 2<sup>nd</sup> grade players are placed on their teams by the executive board. Most requests are honored regarding coaches and team placement.
- 3<sup>rd</sup> – 8<sup>th</sup> 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.

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