



2017 SOCCER REGISTRATION

www.saddlebrooksoccer.com

To Register and make payment on-line, please go to saddlebrooksoccer.teampages.com

KINDER-KICKS

For Children Entering Kindergarten in Fall 2017

PLAYER INFORMATION

Last Name:	First Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Address:	Birth Date:	Age:
Please list any medical conditions:		
Shirt Size: <input type="checkbox"/> YM <input type="checkbox"/> YL		

CONTACT INFORMATION

Contact Name:	Home Phone:	Cell Phone:
Relationship with Player:	Email Address:	

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.

Patient/Guardian signature

Date

PAYMENT INFORMATION

<input type="checkbox"/> \$40 per Child Includes T-Shirt, Shin Guards, Soccer Ball and Trophy	<i>Official Use Only</i> <input type="checkbox"/> Check Amount: Check Number: <input type="checkbox"/> Cash Amount:
--	--

Make Checks Payable To: Saddle Brook Soccer, P.O. Box 8538, Saddle Brook NJ, 07663

COACHES NEEDED

The Saddle Brook Soccer Program is always looking for new coaches to help with the program, especially at the Kindergarten level. Please indicate below if you are interested and someone will contact you with further information.

☐ I would like to coach

Please indicate if you have any of the following: ☐ Rutgers Card ☐ Town Recreation ID ☐ I have coached soccer

For more information, contact us at sbkinderkicks@gmail.com

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