



FALL SOCCER PROGRAM – 2017

For boys and girls from the age of 5 through 17 with Special Needs to learn the basics of soccer.
Fee-\$45.00, includes T-Shirt, Soccer ball, shin guards, end of season Pizza Party and Trophy or Medal

Season starts on or about Saturday September 9 and continues for 8 Saturdays (All dates to be confirmed)
Games to be played – In afternoon for 1 hour (Times to be confirmed) at Avon Park Field – Saddle Brook

OPEN TO RESIDENTS AND NON-RESIDENTS OF SADDLE BROOK NJ

For more information contact us at saddlebrookangels@gmail.com
Check out our Website for details as well www.saddlebrookangels.com
or

James Maniscalco 917-709-7632 / Monica Maniscalco 917-992-7904

Please Make Check Payable to: SADDLE BROOK ANGELS

Please email a completed form no later than 8/1/17 or

Check and form can be mailed to Saddle Brook Angels P.O. Box 8243 Saddle Brook NJ 07663

Player's Last Name: _____ Players First Name: _____

Address: _____ City: _____ Zip: _____

Shirt Size (circle one): YS YM YL AS AM AL AXL Gender: Male/Female Age: _____ (in Sept)

Parent/Guardian Name: _____

Phone (Home): _____ Phone (Cell): _____ (also used for group texting)

Relationship: _____ E-mail address: _____

Any Medical/Disability information you feel we should know about (this is for safety reasons): _____

Coaches and Volunteers are always needed.

Sponsors and Donations are welcome.

I, undersigned Parent/Guardian give my child permission to play in the Saddle Brook Angels 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.

Parent/Guardian Signature: _____ Date: _____

Registering for this program you are accepting the terms of the Code of conduct and Photo release which is located on the Saddle Brook Angels website.

This program is not sponsored by The Saddle Brook Board of Education