

SADDLE BROOK RESIDENTS ONLY

Kinder-Kicks Clinics will be held on Saturday 9/10 and Saturday 9/17 at 5pm on Franklin field (Rain dates Sunday 9/11 Franklin and Sunday 9/18 Smith You can register at the clinic, please send email for headcount Children will be placed on teams and games will be starting 9/24 Come ready to play and bring a drink

KINDER-KICKS

For Children Entering Kindergarten in Fall 2016

PLAYER INFORMATION				
Last Name:	st Name: First Name:			Sex: M F
Address:		Birth Date:		Age:
Please list any medical conditions:				
Shirt Size: YM YL				
CONTACT INFORMATION				
Contact Name:	Home Phone: Cell Phone:			
Relationship with Player:	Email Address:			
Department will assume responsibility only during practices scheduled by coaches and regular scheduled games as a secondary insurance carrier after irst submitting any claims to your primary health insurance carrier. Patient/Guardian signature Date				
PAYMENT INFORMATION				
\$40 per Child	Official Use Only			
Includes T-Shirt, Shin Guards, Soccer Ball and Trophy	_	•	Charle Newshaw	
, , , , , , , , , , , , , , , , , , , ,	☐ Check	Amount:	Check Number:	
	☐ 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.				
Please indicate below if you are interested and someone will cor	ntact you with furth	er information.		
Please indicate below if you are interested and someone will cor I would like to coach	ntact you with furth	er information.		

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