



Somerville Recreation

25 West End Avenue, Somerville, NJ 08876

(908) 704-6985

www.somervillenj.org

2020 SPRING SOCCER LEAGUE INFORMATION

Leagues for youth in grades 1 - 8, who reside or attend school in Somerville. TRAVEL PLAYERS ARE NOT ELIGIBLE. Teams play inter-town games in a league administered by Bridgewater Recreation.

ATTENDANCE: Although this is a recreational soccer program, Somerville Recreation does require commitment from its participants. Players are expected to arrive to practices and games on time. Any absences must be reported to coaches in advance.

TEAMS: Entry-level soccer program with local Recreation Departments, for youth in grades 1 – 8th. Players will be placed on teams according to grade. First come, first served. **Players will be waitlisted if a team is full or without a coach.**

GAMES: Games will be played (weather permitting) on Saturdays from April 25-June 13 in Bridgewater. Coaches will distribute schedules when they are completed by Bridgewater Recreation.

PRACTICES: Practices will begin early April, one to two times per week on various Somerville fields. Practice schedules to be determined.

COACHES: Volunteers are needed! New coaches must attend the Rutgers S.A.F.E.T.Y. Clinic and submit a fingerprint/background check. If interested, please call the Recreation Department.

INCLEMENT WEATHER: For game cancellations, please call 908-526-7107, or visit www.bridgewaternj.gov (Bridgewater Recreation). Practice cancellations will be communicated through coaches via email.

Follow us on Facebook (@somervillerecreation) and Twitter (@somervillenjrec) for all the latest news and updates.

COST: \$45 (JERSEY NOT INCLUDED)

REGISTRATION WILL BE OPEN FROM FEBRUARY 3 - MARCH 6

NO EARLY OR LATE REGISTRATIONS WILL BE ACCEPTED

SOMERVILLE RECREATION 2020 SPRING SOCCER REGISTRATION FORM

****JERSEYS ARE REQUIRED FOR ALL PARTICIPANTS. JERSEYS FROM PRIOR SEASONS ARE PERMITTED. ****



Leagues (Grades 1-8) _____ Cost \$45
Jersey (If needed) _____ Cost \$15
YS _____ YM _____ YL _____ AS _____ AM _____ AL _____ AXL _____

Don't Forget!
Residents can register
online 24/7 at
<https://register.communitypass.net/somerville>

REGISTRATION DEADLINE: MARCH 6

Please print and return to: Somerville Recreation, 25 West End Avenue, Somerville, NJ 08876.

Checks should be payable to Somerville Recreation. Register online, by mail, or in person, Mon-Fri 8:30am-4:00pm.

Registration fees are non-refundable. Somerville Recreation reserves the right to limit registrations and, if necessary, cancel, alter and/or supplement programs. Registration fees must be in full prior to the program start.

PARTICIPANT _____ M _____ F _____

DATE OF BIRTH _____ GRADE _____ SCHOOL _____

PARENT/GUARDIAN NAME _____

EMAIL (REQUIRED) _____

ADDRESS _____

HOME PHONE _____ MOBILE PHONE(S) _____

MEDICAL CONDITIONS (IF ANY) COACHES/INSTRUCTORS SHOULD KNOW ABOUT _____

EMERGENCY CONTACT NAME _____

RELATIONSHIP TO PARTICIPANT _____ PHONE NUMBER _____

If the participant has individualized needs due to a disability, please check the following and someone will contact you regarding reasonable modifications.

Yes, I will need to be contacted regarding reasonable modifications for my child and I have provided the necessary three (3) weeks notice prior to the beginning of the program(s).

PROGRAM RELEASE: I certify that the participant listed above is physically able to participate in the Somerville Recreation's programs. I hereby give permission for the participant listed to participate in the above named activity, as well as release the Borough of Somerville from any and all liability from injuries, which may occur while participating in any program.

PHOTO RELEASE: I, as the Parent/Guardian of the above named participant hereby authorize and consent to the use of his/her visual image by Somerville Recreation for appropriate purposes, including but not limited to: still photography, videotape, electronic and print publications and websites. I give this consent with no claim for payment. Check this box if you DO NOT consent to the Photo Release.

Parent/Guardian Signature _____ Date _____

Office use only: Date _____ Amount rec'd _____ Check # _____ Cash _____ CC _____