



Somerville Recreation

25 West End Avenue,
Somerville, NJ 08876
908-704-6985
www.somervillenjrec.com

2012 FALL SOCCER CLINIC

Program for youth grades K-2 who lives or attends school in Somerville and do not play soccer on a travel team. Teams play inter-town competitive games in a joint program with local Recreation Departments.

Participants provide shorts, shin-guards, cleats, and socks.

Teams: Kindergarteners, First and Second graders will play games in-town on Saturdays in our in-house program. Teams will be formed at the end of second grade.

Practices: Practices are scheduled every Saturday morning at 9:00 am. Sessions last 1 hour and include small-sided games.

Transportation: Transportation to and from Recreation programs is the responsibility of the parents. Somerville Recreation does not provide transportation through the coaching staff. If you choose to car pool other youngsters in the program, your personal auto insurance is the only recourse in case of an accident.

Coaches: Parents needed to coach! New coaches must attend a Coaches Training Clinic. If interested, please call Recreation for details. Additionally, ALL COACHES must undergo a background check through Recreation prior to coaching.

Inclement Weather: In case of inclement weather, please call 908-526-7107 or visit www.bridgewaternj.gov (Recreation)

Insurance: Somerville Recreation does provide secondary accident insurance - subject to policy accident limits.

Cost: \$30 without jersey, \$45 with jersey. Please make checks payable to Somerville Recreation.

2012 FALL SOCCER CLINIC REGISTRATION

Fee \$30 (without jersey) \$45 (with jersey)

Name _____

Address _____

School _____ Grade _____ M _____ F _____

Home Phone # _____

Cell Phone # _____

Email _____

Size jersey needed:

YM _____ YL _____ AS _____ AM _____ None _____

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

IN CASE OF EMERGENCY CALL:

Name _____

Relationship to registered _____

Home # _____ Cell # _____

I give my consent for my child to participate in Somerville Recreation Soccer. I understand there are special dangers and risks in this activity, including serious injury and death. I assume all risk of injury, damage and liability arising from these activities for my child.

As their parent/guardian, I herewith authorize the treatment of above child/children by a qualified or licensed medical doctor in the event of a medical emergency, which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after reasonable effort has been made to reach me.

DATE _____

PARENT/GUARDIAN SIGNATURE _____

Somerville Recreation provides secondary accident insurance. No deductible for youth programs and is subject to policy limits.

REGISTRATION DEADLINE !!!!

Register in person Monday to Friday 9:00 - 4:00 pm or by mail by March 21st.