



## MOUNTAINSIDE PAL 2018 MICRO SOCCER PROGRAM REGISTRATION FORM

**Description:** Mountainside PAL is proud to be continuing the micro soccer program - emphasizing soccer education, participation, and good sportsmanship in a micro game format.

**Eligibility:** Mountainside children in grades Pre-K through 2nd grade (as of September 2018). PAL also encourage parent volunteers along with trainers; aim is 2 parent volunteers per team.

**Registration:** Completed registration forms should be mailed to the address below by August 15<sup>th</sup> with the required fee. After August 15<sup>th</sup>, a \$15 late fee must also be included. Fees must be paid in full before the start of the program in order for the children to participate. Questions? Email mountainsidepal@verizon.net

**Fees:** The 2018 fee is \$85 per child. This fee includes a team uniform (shirt and socks), parents supply black shorts, shin guards and cleats.

**Dates:** Games will be played Saturday mornings on the OLL fields for **7 weeks September 15<sup>th</sup> until October 27<sup>th</sup> (rain date November 3<sup>th</sup>)**. (There is 6 weeks of games as there is a bye week October 13<sup>th</sup> for the Annual PAL Tot and Cop Trot/PTA Fall Festival – please join the town for these events).

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Please fill out the bottom portion of this form and return to Mountainside PAL, Attn: MICRO SOCCER P.O Box 1423 Mountainside, NJ 07092 along with a check made payable to Mountainside PAL. Any questions, please email mountainsidepal@verizon.net.

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Fall '18 Grade \_\_\_\_\_ School \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Parents Name \_\_\_\_\_ Child's Shirt Size(Please circle) YS YM YL YXL AS

I/We the undersigned parent/legal guardian or representative of the above named child, hereby acknowledge that this child has recently been examined by a physician and, to the best of my knowledge and belief, is physically fit to participate in supervised soccer. My child has my unqualified permission to engage in this activity and it is understood and I agree that he/she will participate at their own risk. The Mountainside PAL Soccer volunteers, Mountainside PAL, Borough of Mountainside and/or their employees do not assume any liability by reason thereof and I hereby waive the same entities from and against any such liability. I understand .that state law requires my child wear protective eyewear that meets national standards during this activity if he/she normally wears corrective eyeglasses. I give permission for my child to be photographed, and for photographs to appear in PAL or Borough materials.

Parent Name \_\_\_\_\_ Signature \_\_\_\_\_

PARENTS: We encourage parents to help coach in the program. Only those who complete the soccer certification and concussion training, and producing a certificate of completion for same will be eligible. PAL aims for 2 per team

I can help: Head coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_ Shirt Size (Please circle if you need one) S M L XL XXL XXXL

Donation to PAL \$ \_\_\_\_\_ Micro Field Sponsor (personal or Corporate)\$200 Name: \_\_\_\_\_