



## Mountainside PAL Micro Soccer Program

### 2011 FALL PAL MICRO SOCCER REGISTRATION FORM

**League:** Mountainside PAL is proud to continue the micro soccer program. This program will emphasize soccer education, participation, and sportsmanship in a game format.

**Eligibility:** Boys and girls from Pre-K through 2<sup>nd</sup> grade (as of September 2011).

**Registration:** Completed registration forms should be mailed to the address below along with the registration fee of \$50 per player by July 30<sup>th</sup>. This fee includes a team uniform shirt as well as socks. After July 30<sup>th</sup>, a \$15 late fee needs to be included.

**Dates:** The games will be played Saturday mornings on the OLL soccer fields starting September 10<sup>th</sup> and running for 9 weeks. (7 weeks of games as there is a bye week for the Cop Trot/Fall Festival as well as Yom Kippur/ Columbus Day)

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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 call 908-461-9070.

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

Address \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Parents Name \_\_\_\_\_ Child's Shirt Size \_\_\_\_\_

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 \_\_\_\_\_

I can help: Head coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_  
Donation \_\_\_\_\_ Field Sponsor \$200 \_\_\_\_\_

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