



BOYS & GIRLS CLUB
OF WAYNE



Soccer Clinic

Grades: Kindergarten to 2

BEGINNING ON MAY 2, 2011, THE PROGRAM WILL RUN SIX WEEKS AND BE HELD ON MONDAY EVENINGS AT GEORGE WASHINGTON MIDDLE SCHOOL FROM 6:00pm to 7:30pm.

Conducted by Steve Beneventine

REGISTRATION FEE: \$55

All correspondence will be sent by e-mail. Please provide e-mail addresses on back

REGISTRATION DEADLINE: APRIL 16, 2011

A \$ 5 LATE FEE WILL BE CHARGED AFTER REGISTRATION DEADLINE. THE \$5 FEE WILL BE ASSESSED ONCE PER FAMILY.

NO REFUNDS WILL BE ISSUED AFTER REGISTRATION HAS BEEN COMPLETED. A \$5 FEE WILL BE CHARGED FOR ALL REFUNDS PRIOR TO THE CLOSE OF REGISTRATION.

A FAMILY DISCOUNT OF 10% WILL BE GIVEN FOR 3 OR MORE CHILDREN REGISTERED FOR THE SAME PROGRAM

MAIL TO: BOYS & GIRLS CLUB OF WAYNE

153 GARSIDE AVE

WAYNE, NJ 07470

(973) 956-0033

www.bgcnwnj.org



Not a school sponsored event

Boys & Girls Club of Wayne
2011 Spring Soccer Clinic

Child's Name: _____ Date of Birth: _____
Address: _____ Age: _____ Grade: _____
City: _____ State: _____ Zip: _____ Sex: _____
Home Phone: _____ Emergency Phone & Contact: _____
E-Mail Address: _____ **T-Shirt Size:** _____

Where did you receive this flyer? _____

Parent/Guardian Information:

Mother's Name: _____ **Work E-mail** _____
Business Name/Address: _____
Business Phone: _____

Father's Name: _____ **Work E-mail** _____
Business Name/Address: _____
Business Phone: _____

Does your child have any impairment? _____

Sponsors: We need sponsors to help defray the cost of our Soccer Program. Sponsorships are \$100 and are tax deductible. Sponsors will receive a team shirt and a certificate as well as your company name on all schedules & rosters.

_____	_____
company or sponsor name	contact person & phone

company or sponsor address	

I hereby give consent for my child to participate in the Boys & Girls Club of Wayne Spring Soccer Clinic Program. I assume all risk in regard to participation in this and any other Boys & Girls Club program in which my child may participate. I release, indemnify and agree to hold harmless the Wayne Boys & Girls Club, Inc. its directors, officers, coaches, and volunteers from any liability that may result from participation in Boys & Girls Club activities.

By my signature, I attest to the following:

- That the above information is correct.
- That in the event of a medical emergency, I authorize the Boys & Girls Club of Wayne to seek emergency medical care for my child as deemed necessary by the Director

(Signature of Parent or Guardian)

(Date)