



CALDWELL – WEST CALDWELL SOCCER CLUB
Introductory Soccer Clinic – Registration Fall 2009 & Spring 2010

REGISTRATION FOR 2009 – 2010 SEASON

Dear Caldwell/West Caldwell Families:

The Caldwell-West Caldwell Soccer Club would like to invite you and your child to participate in its Introductory Soccer Clinic to be held Fall 2009 and Spring 2010. This exciting program is designed for children ages Pre-K (eligible to attend Kindergarten, Fall 2010), Kindergarten (Fall 2009), and First Grade (Fall 2009). The goals at this early level are fun, learning, group play and involvement. **Parents are encouraged to participate! We need volunteer coaches and other assistants to make this program successful.** Prior soccer experience is not necessary. A safety orientation and professional training session will be provided for all of the volunteer coaches.

The clinic provides an introductory environment designed to involve your children in the most popular sport in the world. Soccer is a great beginning sport for boys and girls. It requires little to no previous skill and offers a perfect energy outlet and fitness vehicle for children. Last year's clinic hosted over 325 children and 60 parents!

A total of ten games will be played on Saturday mornings: five games starting in September and five games starting in April. Professional trainers will be onsite to assist the coaches and players. Teams and schedules will be determined after registration. Players will be notified by their team coach prior to the start of the Fall and Spring sessions respectively. **Please note: team uniforms will be handed out at the first game in the Fall. Shin guards are required equipment.**

TO REGISTER:

- **Complete the registration form and sign the waiver on the back of this announcement for each child**
- **Attach a check (made payable to the *Caldwell/West Caldwell Soccer Club*) as follows:**

<u>Pre-K - \$75.00</u>	<u>Kindergarten - \$75.00</u>	<u>First Grade - \$80.00</u>
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- **Bring your form and check to the field one of the Saturdays listed above and there will be a registration table set up.**
- **If you are not able to register one of these days, drop off or mail your registration to the address below.**

Please spread the news about the program to your child's friends. As an affiliate of the New Jersey Youth Soccer Association, we are under specific guidelines for participant registrations and are, therefore, held to a strict filing deadline with the State. Registration will remain open through the summer, but **we cannot guarantee that late registrations will be accepted!**

Thank you in advance for your participation. We look forward to a successful season and a rewarding experience for both you and your child!

CWC Soccer Clinic Administration
 Email: cwcsoccerclinic@gmail.com

C-WC Soccer Club Introductory Clinic Registration and Release Form

** Important! Please print neatly and complete and sign the Parent Release at bottom **

Use one form for each child registering; however, a single check for multiple participants is acceptable

Player Information

Child's Last Name	<input style="width: 95%;" type="text"/>	First Name	<input style="width: 95%;" type="text"/>
Street Address	<input style="width: 95%;" type="text"/>	Town	West Caldwell
Telephone	<input style="width: 95%;" type="text"/>		Caldwell (C/WC Residents Only)
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	School	<input style="width: 95%;" type="text"/>
Birth Date	<input style="width: 95%;" type="text"/>	Grade	<input style="width: 95%;" type="text"/>
<input type="checkbox"/> Please contact me regarding a Shadow / Buddy for my child (For special needs children)			

Parent Information

Father's Name	<input style="width: 95%;" type="text"/>	Telephone	<input style="width: 95%;" type="text"/>
Mother's Name	<input style="width: 95%;" type="text"/>	Telephone	<input style="width: 95%;" type="text"/>
Primary E-Mail Address			
<input style="width: 95%;" type="text"/>			
Parent volunteers are essential to make this program successful. Your help on behalf of your children is appreciated greatly. Please circle one or more of the positions in which you are interested and provide the name of the parent volunteer in the box:			
Head Coach (Mom or Dad)	<input style="width: 95%;" type="text"/>	Team Parent	<input style="width: 95%;" type="text"/>
Asst. Coach (Mom or Dad)	<input style="width: 95%;" type="text"/>	Administration	<input style="width: 95%;" type="text"/>

Teammate Request

Name :

REQUESTS FOR TEAMMATES MUST BE INDICATED ON BOTH FORMS!!! (1 Request Only per Player)
Note: EACH AGE GROUP (Pre-K, Kindergarten, and 1st graders) will be separate

Starter Kit - (Soccer Ball, Shin Guards and Water Bottle) - \$35

We are pleased to offer a "starter" kit to new and returning players for \$35.

Yes _____ No _____ (Please submit a separate check for kit)

Team Sponsorship

Team sponsorship is \$150 and includes your choice of team name and color, artwork and company name on team shirts, and a plaque with a team picture. If Yes please complete a sponsorship form as well

Yes _____ No _____ Company Name:

Parental Release : Must be completed for your child to participate

I, _____, the parent or guardian of the above named player, do hereby give my approval to his or her participation in all Caldwell-West Caldwell Soccer Club (CWCSC) activities and assume all such risks and hazards incidental to such participation. I do waive, release, absolve, indemnify, the CWCSC and other participants, whether the results of negligence or any other cause, except to the extent and in the amount covered by medical or liability insurance.

Child's Physician	<input style="width: 95%;" type="text"/>	Telephone	<input style="width: 95%;" type="text"/>
Parent/Guardian Name			
<input style="width: 95%;" type="text"/>			
Parent/Guardian Signature			
<input style="width: 95%;" type="text"/>			
Date			
<input style="width: 95%;" type="text"/>			

Official Use

Folder :

Check number:

Team :