

SOMERVILLE RECREATION FALL 2016 SOCCER CLINIC INFORMATION



25 West End Avenue, Somerville, NJ 08876
(908) 704-6985
www.somervillenj.org

EPIC YOUTH SOCCER CLINICS **(CHILDREN AGES 3-4; 5-6 YEARS OLD)**

Epic Soccer Clinics is dedicated to the development of soccer skills and basic game tactics through a variety of age appropriate games and drills run by experienced professional soccer trainers. The curriculum is aimed to promote personal growth, success, friendship and fun. Enrollment is open to all Somerville residents.

The sessions will be led by Epic Soccer Director, Phil Wolstenholme. Phil has been the Varsity Soccer Head Coach at Kent Place School since 1992. He is also a Physical Education Teacher, who has been coaching and training youth players for the past 27 years. Originally from England, Phil now trains and competes with area club teams throughout the state of NJ.

DATES: Saturdays, Sep 10- Oct 15 (six weeks)

WHERE: Carol Pager Sports Complex (Green Street)

TIMES: 10:45am-11:45 am

COST: \$42

DEADLINE: August 31 at 2pm

INCLEMENT WEATHER: Participants will be notified of cancellations by email. Please "Like" our Facebook page [Somerville Recreation](#) for all the latest recreation news and updates.

EQUIPMENT: Jerseys and shin guards are required. Cleats are recommended.

SOMERVILLE RECREATION 2016 FALL SOCCER REGISTRATION FORM

****JERSEYS ARE REQUIRED FOR ALL PARTICIPANTS. JERSEYS FROM PRIOR SEASONS ARE PERMITTED****



Clinic (Ages 3-4)	_____	Cost \$42
Clinic (Ages 5-6)	_____	Cost \$42
Jersey (If needed)	_____	Cost \$15
Select size: YXS	___ XS	___ YM
	___ YL	

Don't Forget!
Residents can register online 24/7 at <https://register.communitypass.net/somerville>

REGISTRATION DEADLINE: AUGUST 31 AT 2:00 PM

Please print and return to: Somerville Recreation, 25 West End Avenue, Somerville, NJ 08876.
Checks should be payable to Somerville Recreation. Register online, by mail, or in person, Mon-Fri 8:30-4:30.

PARTICIPANT _____ M _____ F _____

DATE OF BIRTH _____ GRADE _____ SCHOOL _____

PARENT/GUARDIAN NAME _____

EMAIL (REQUIRED) _____

ADDRESS _____

HOME PHONE _____ MOBILE PHONE(S) _____

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

EMERGENCY CONTACT : _____ RELATIONSHIP TO PARTICIPANT _____

PHONE NUMBER _____

If the participant has individualized needs due to a disability, please check the following and someone will contact you regarding reasonable accommodations.
 Yes, I will need to be notified regarding special considerations for my child and I have provided the necessary three (3) weeks' notice prior to the beginning of the program(s).

PROGRAM RELEASE: I certify that the participant listed above is physically able to participate in the Somerville Recreation's programs. I hereby give permission for the participant listed to participate in the above named activity, as well as release the Somerville Recreation Commission and the Borough of Somerville from any and all liability from injuries, which may occur while participating in any program.

PHOTO RELEASE: I, as the Parent/Guardian of the above named participant hereby authorize and consent to the use of his/her visual image by Somerville Recreation for appropriate purposes, including but not limited to: still photography, videotape, electronic and print publications and websites. I give this consent with no claim for payment. Check this box if you DO NOT consent to the Photo Release.

Parent/Guardian/ Signature _____ Date _____

Somerville Recreation reserves the right to limit registrations, and if necessary, cancel, alter and/or supplement programs.
Note: Refunds may be subject to a \$10 cancellation fee.

Office use only
Date: _____
Amount: _____
Cash _____ Check # _____