

Dennis Township 2010 Spring Soccer Clinics

Conducted by UK Elite Soccer

When: March 20TH, March 27TH, April 3RD and April 10TH

Where: Dennis Twp. Rec Complex Fields (Lite Rain or Shine)

Fee: \$20.00 – Twp. Resident; \$25.00 – Non-Resident
(Check made payable to DT Soccer Association)

Ages: 5 & 6 – 10:00 AM to 11:30 AM

Ages: 7 & 8 – 11:30 AM to 01:00 PM

Ages: 9 to 13 – 01:00 PM to 02:30 PM

(Age is determined as of September 30, 2010)



Please detach and mail form & payment to:

Dennis Township Recreation

P.O. Box 204, Dennisville, NJ 08214

To be guaranteed a spot, registration must be postmarked no later than March 08, 2010

2010 SPRING SOCCER CLINIC PERMISSION FORM

Participant's Name: _____ Home Phone: _____ M or F

Age: _____ D.O.B. _____ Grade _____ School _____ Resident ? Y or N

Mailing Address: _____

Allergies/Disabilities/Medications: _____

Emergency Contact Name/Number: _____

***It is recommended that you seek your physician's approval for your child to participate in organized sports.**

As a parent/guardian, I am fully aware that there are certain inherent risks to my child participating in organized sports programs and that serious injury may result and that protective equipment does not prevent all injuries to players. Therefore, I hereby knowingly and voluntarily release the Township of Dennis, their agents, representatives and employees from all injuries incurred by my child that result from normal course of play. I realize that if an injury does occur that I must notify the Dennis Township Recreation Department, 861-1045, within 48 hours.

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

Official Use Only:

Amount Pd. _____ Ca / Ch# _____ Received by _____ Date _____