

FLORENCE TOWNSHIP RECREATION DEPARTMENT

BOYS & GIRLS 2014 RECREATIONAL SOCCER REGISTRATION

Mail Or Hand Deliver To: Florence Township Recreation Director, 711 Broad Street, Florence, NJ 08518.

- OR -

Walk-In Registration: Saturday, June 7th, 2014 from 9:00 a.m. to 12:00 noon
Front Conference Room, Municipal Building, 711 Broad Street, Florence, NJ 08518

Register By June 27th: To be eligible for the draft & candy sales. Openings not guaranteed after that date. Late registrants, if accepted, will be assessed a \$10.00 fee to offset the costs of late equipment orders. This additional fee is a Soccer League charge – do not include with this registration form. Separate instructions will be given.

REGISTER ONE CHILD PER FORM – PLEASE COMPLETE THE ENTIRE FORM

Name of Child: _____
(Last) (First) (Middle)

Address: _____
(Street) (Town) (Zip Code)

Telephone: _____ Date of Birth: _____ Age on 7/31/14: _____

Parent's Email: _____ (Must Be Born Before 1/1/2010) Male Female

Mother's Name: _____ Work Phone: _____ Cell Phone: _____

Father's Name: _____ Work Phone: _____ Cell Phone: _____

School Attending (2013 – 2014): _____ Grade (2013 – 2014): _____

COMPLETE THIS SECTION IF LIVING WITH ONLY ONE PARENT

Mother's Address: _____ Home Phone: _____

Father's Address: _____ Home Phone: _____

AGE DIVISIONS: The age divisions that we will be able to offer depend on registrations. All players must be born before 1/1/2010. Recreational divisions will include Under-6 through Under-13 as a minimum. Players who will be 13 or older on 7/31/14 should contact the league before registering (see contact information at bottom of this page). We will field teams in any age group that has sufficient players and volunteer coaches.

SHIRT SIZE: YS _____ YM _____ YL _____ YXL _____ AS _____ AM _____ AL _____ AXL _____ AXXL _____
(Considering ordering 1 size up to compensate for layering)

CATEGORY OF PLAY: In addition to 2014 Fall Recreation, player would like to be contacted regarding travel teams: Yes No

MEDICAL CONDITION: Does child have a medical condition (Please Check One)? Yes No

If Yes – Please Explain: _____

REGISTRATION FEE: \$25.00 per child. Please make check payable to Florence Township and include with this form.

REFUNDS: There are no refunds. The rec director may give credit toward a subsequent registration should circumstances warrant.

FUNDRAISER: Each player is required to participate in fundraising, which supports the soccer league and benefits the players. Please select one of the following options to indicate your preference. Late registrations, if accepted, will be required to take the buy-out option.

I wish to sell candy & car magnets. I wish to choose a \$35 buy-out option (don't send money with registration form).

Candy/car magnets will be distributed in early August. Package is expected to total approximately \$60. If you have questions about the fundraiser, call Bernadette Pastore at 499-3849. Check for \$35 buy-out option is to be made payable to Florence Township Soccer Association and given to a soccer league representative at a walk-in registration event or mailed to Florence Township Soccer Association, P. O. Box 33, Florence, NJ 08518.

VOLUNTEERS: The Soccer Association needs numerous parent volunteers to make the season a success. Please take this into consideration when completing this form.

Coaching U- _____ (Township Background Check required) Fund Raising Referee (license required) Training Fields

Other (describe) _____

Signature of Registering Parent: _____ Date: _____

Questions? Volunteer Your Services? Call Cathy Anthony at 447-0009 or email at florencejsoccer@gmail.com

Check us out on the web at: www.florence-soccer.com