

RIDGEFIELD RECREATION & PARKS DEPARTMENT
VETERANS' MEMORIAL PARK
604 BROAD AVENUE RIDGEFIELD, NJ 07657
PHONE#: 943-5342 FAX#: 943-8887

**2022 RIDGEFIELD/CLIFFSIDE PARK
JR. FOOTBALL
REGISTRATION FORM**

(Register: May 16th - July 1st)

NAME: _____

ADDRESS: _____ HOME PHONE _____

GRADE :(SEPT. 2021) _____ AGE: _____ PARENT(S) WORK #(s) _____

PARENT CELL# _____ DATE OF BIRTH: _____ SCHOOL :(SEPT. 2022) _____

E-MAIL ADDRESS _____

PLEASE ATTACH A COPY OF YOUR CHILD'S BIRTH CERTIFICATE MANDATORY

- PEE WEE TEAM () (2ND - 4TH GRADE)
JUNIOR TEAM () (5TH - 6TH GRADE)
SENIOR TEAM () (7TH - 8TH GRADE)

LIST ANY MEDICAL RESTRICTIONS AND/OR ALLERGIES:

IN CASE OF EMERGENCY, PLEASE INDICATE NAME AND PHONE NUMBER OF PERSON
TO BE CONTACTED:

NAME: _____ PHONE: _____

I HEREBY CERTIFY THAT THE ABOVE-NAMED INDIVIDUAL IS IN SOUND PHYSICAL
CONDITION TO PARTICIPATE IN RIDGEFIELD/CLIFFSIDE PARK JR. FOOTBALL.

(PARENT/GUARDIAN SIGNATURE)

(DATE)

AS A PARENT/GUARDIAN, I AGREE TO ASSIST THE RIDGEFIELD/CLIFFSIDE PARK RECREATION JR.
FOOTBALL PROGRAM IN SOME CAPACITY DURING THE SEASON.

COACHING: _____ (*IF NOT COACHING, ONE PARENT PER CHILD,
CONCESSION STAND: _____ MUST WORK THE CONCESSION STAND FOR
1 HOUR PER SEASON*)

FEE: \$60.00 PER CHILD: ALL CHECKS MADE PAYABLE TO THE: **BOROUGH OF RIDGEFIELD.**

**A \$100.00 UNIFORM DEPOSIT WILL BE REQUIRED AT A LATER DATE. Method of
Payment: Cash _____ Check/MO #: _____ Date Received _____**

Practices & Games will be split between Ridgefield & Cliffside Park