

RIDGEFIELD RECREATION & PARKS DEPARTMENT
VETERANS MEMORIAL PARK,
604 BROAD AVENUE
RIDGEFIELD, NJ 07657
(201) 943-5342 FAX#: (201) 943-8887

2020 RIDGEFIELD JR. SOCCER
IN-TOWN

NAME: _____ SEX: _____

ADDRESS: _____ PHONE: _____

SCHOOL _____ GRADE (SEPT 2020) _____ AGE: _____ Date of Birth _____

Division: (Please check appropriate Division according to Gender and Grade)

Boys & Girls () **Kindergarten – Div. 7**

Boys & Girls () **1st & 2nd Grade – Div. 6**

Boys & Girls () **7th & 8th Grade - Div. 3**

Boys () **3rd & 4th Grade – Div. 5**

Boys () **5th & 6th Grade – Div. 4**

Girls () **3rd & 4th Grade – Div. 5**

Girls () **5th & 6th Grade – Div. 4**

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'S IN-TOWN SOCCER PROGRAM:

(PARENT/ GUARDIAN SIGNATURE)

(DATE)

COACH: _____ ASST. COACH: _____ TEAM PARENT: _____ CONCESSION STAND: _____

FEE: \$25.00 PER CHILD

Make Check Payable to: "BOROUGH OF RIDGEFIELD"

Method of Payment:

Date Received:

Cash _____ Check/MO #: _____
