

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

**2022 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 ( ) 1<sup>st</sup> & 2<sup>nd</sup> Grade – Div. 6**

**Boys & Girls ( ) 7<sup>th</sup> & 8<sup>th</sup> Grade - Div. 3**

**Boys ( ) 3<sup>rd</sup> & 4<sup>th</sup> Grade – Div. 5**

**Boys ( ) 5<sup>th</sup> & 6<sup>th</sup> Grade – Div. 4**

**Girls ( ) 3<sup>rd</sup> & 4<sup>th</sup> Grade – Div. 5**

**Girls ( ) 5<sup>th</sup> & 6<sup>th</sup> 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: \$50.00 PER CHILD**

**Make Check Payable to: "BOROUGH OF RIDGEFIELD"**

**Method of Payment:**

**Date Received:**

Cash \_\_\_\_\_ Check/MO #: \_\_\_\_\_

\_\_\_\_\_