Monmouth County Soccer League
Presented by HFC

Is your child not old enough or ready to commit to travel soccer? Monmouth County Soccer League offers programs for children ages 4 – 8. Youngsters will have fun learning about the game and playing games each week. Each age group will have a professional trainer who will teach them about the game before splitting them up into teams to play games. Players will be separated by age and ability. This program bridges the gap between recreation soccer and travel soccer. More Information available at holmdelfc.org

DATES/PLACE: 7 Week Season Beginning April 17th/Cross Farm Park Holmdel, NJ

CHOOSE PROGRAM:

Co-ed	U4 Division	10:30 AM
Co-ed	U5 Division	10:30 AM
Boys	U9 – U11 Division	10:30 AM
Girls	U9 – U11 Division	10:30 AM
Girls	U6/U7 Division	11:30 AM
Boys	U6/U7/U8 Division	11:30 AM

PRICE: Co-ed U4: $90 (6 week season)
U5 – U11: $110

INFO PHONE: 732.539.7208 **WEB:** www.holmdelfc.org **Twitter:** @HFC_NJX

INFO EMAIL: holmdelfc.njx@gmail.com

Players provide their own shin-guards, shorts, and a soccer ball. Full payment is required with this form. Once clinic begins payment is non-refundable

Please mail checks payable to: "Holmdel FC", 11 Maple Leaf Drive, Holmdel, N.J. 07733

PLAYER'S FULL NAME:_____ DOB:_____ SEX: M / F

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: _____

Email: _____

EMERGENCY CONTACT: _____

EMERGENCY PHONE: _____

ANY PRE-EXISTING MEDICAL ISSUES WITH YOUR CHILD? _____

I hereby agree to let my child to participate in the sport of soccer. I understand there are certain risks of injury inherent in the practice and play of this sport as well as traveling and other related activities incidental to my participation and I am willing to assume these risks. I herby certify that my child is fully capable of participating in the sport of soccer and he/she is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in this activity. In addition, to giving my full consent for my child's participation, I do herby waive, release, and hold harmless the camp staff, Holmdel FC, their officers, coaches, sponsors, supervisors, and representatives for any injury that may be suffered by my child in the normal course of participation in the sport of soccer and the activities incidental thereto, whether the result of negligence or any other cause. I grant permission for my child to receive emergency medical treatment. I understand that the staff will not perform invasive procedures of any kind nor be responsible for the disbursement of medications.

Legal Guardian Signature_____Date_____