

~ 1999-2011 ~

12th Year of Wall Munchkin Soccer

Wall Soccer Club - "Soccer At Its Best"

ONE SHEET PER CHILD

REGISTRATION FORM

Wall Soccer Club
PO Box 1221
Wall, NJ 07719

Name _____ Male Female Birth date _____
Last First Middle Circle One

Mailing Address _____
Street Town ZIP

Home Phone _____ Emergency Numbers(s) _____

Name of Parent/Guardian _____

E-mail Address _____

PLEASE INDICATE THE # OF MUNCHKIN SEASONS PLAYED

(please circle one) 0 1 2 3

SPONSORS NEEDED!!

Cost \$250 (Please enclose check made out to Wall Soccer Club) with this registration
Please Print Exactly How Your Sponsor Name Should Appear.

BALL PURCHASE OPTION (Reg. Price \$20)

Soccer Ball _____ \$15 Qty. Needed _____

•• PLEASE NOTE ••

The Wall Soccer Club provides a healthy, educational and fun filled program for your children, you are part of the club. Your help is essential for running the club programs. *Please indicate how you will help:*

___ Coaches Assistant ___ Other: _____

Consent of Parent or Guardian

Negative Covenant Hold Harmless Agreement

FOR VALUABLE CONSIDERATION, including the acceptance of my child/ward as a player in the Wall Soccer Club, I for myself and my child/ward nor I nor our respective heirs and legal representative will ever institute any action or suit or institute, prosecute or in any way aid in the compensation against the Wall Soccer Club, or their respective officers, directors, employees, and agents, by reason of any damage, loss or injury to person or property arising out of the departure of my child/ward from normally scheduled activities of the Wall Soccer Club and that each of my child/wards and I and our respective heirs and legal representatives, jointly and severally, will indemnify and save harmless those entities and persons from liability, cost and expense whatsoever in connection with any such claim.

I hereby grant permission for my child named above to participate in the Wall Soccer Club Program and certify that he/she is physically capable to participate in a competitive athletic program.

Date _____ Signature _____

•• Club Use Only ••

Fee _____ Cash Check Registrar _____ Birth Certificate Yes No

www.wallsoccer.com

DEADLINE: JULY 7, 2011



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WALL SOCCER CLUB PROUDLY PRESENTS

FALL 2011

MUNCHKIN SOCCER CLINIC REGISTRATION

The munchkin program is designed to introduce soccer to the younger children in a fun, non-competitive atmosphere. The focus is to work on the fundamental skills of the game like passing, dribbling, and teamwork.

MUNCHKIN SOCCER DIRECTOR & FOUNDER: Dan Manson

CLINIC SCHEDULE: Saturday Mornings. The clinic begins promptly at 9:00 a.m.
The clinic will be held for an hour.

8 WEEK SESSION SCHEDULE: (*NO COLUMBUS DAY WEEKEND)

9/10	10/1	10/22
9/17	(*No 10/8)	10/29
9/24	10/15	11/5

PLACE: Wall Municipal Complex Soccer Fields

Open to any children (Boy/Girl) born in 2006 & 2007

ANY PLAYER BORN IN 2005 WHO HAS NOT COMPLETED 1 MUNCHKIN SEASON SHOULD REGISTER FOR MUNCHKIN SOCCER

Price: **\$100 per child**. All players receive a T-shirt. Shinguards will be provided to any 1st time player.

Volunteers and Sponsors Needed. Parents that wish to assist the clinic coaches please indicate that on your child's registration form. Please help us assure the success of this program.

APPLICATION DEADLINE: JULY 7, 2011

*****\$25 LATE FEE WILL BE APPLIED TO LATE APPLICATIONS*****

Please mail applications and checks to:

Wall Soccer Club • PO Box 1221 • Wall, NJ 07719

REGISTRATION IS LIMITED TO FIRST 200 CHILDREN REGISTERED.

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www.wallsoccer.com

For more information e-mail dansocman@aol.com