



**WAYS TO REGISTER: MYREC / CHECK / CASH / CC
PLEASE COMPLETE YOUR FAMILY ACCOUNT VIA MYREC**

You can mail to: 1200 Mountain Ave., Middlesex, NJ 08846 or drop off at the office.

For questions or to volunteer please call (732) 356-7400 X277

*** PROGRAM IS OPEN TO MIDDLESEX BOROUGH RESIDENTS ONLY ***



2023 RECREATION SOCCER

\$80.00 Registration Fee

Children entering grades K through 8 in September of 2023 are eligible to participate. All games K-5 will be played on Saturday's, September through November; Grades 6-8 may play during the week. Practice is once a week and at the complete discretion of the volunteer coach. We cannot guarantee or promise a set day and/or time for practices. No late registrations will be accepted. A waitlist will be started after the deadline. If we can accommodate children from the waitlist, a \$20 late fee will be collected for ALL late registrations. No refunds will be given after 8/25/23. Refunds prior to 8/27/22 are subject to a 10% administrative withdrawal fee. **WE NEED VOLUNTEER COACHES – MINIMUM of TWO ADULTS per team.** Games/practices will not begin unless we meet the minimum for volunteers. If you would like information about the responsibilities of a volunteer coach please call the office.

DEADLINE TO REGISTER IS FRIDAY, AUGUST 11, 2023

NAME (print CLEARLY) _____ DOB ____ / ____ / ____ BOY / GIRL
CIRCLE ONE

ADDRESS _____ CONTACT PHONE #() _____ - _____

GRADE ENTERING IN SEPT. _____ SCHOOL (entering in Sept.) _____

____ I WOULD LIKE TO VOLUNTEER TO COACH SOCCER THIS YEAR. Name: _____

Athlete Shirt Size: _____

Address IF DIFFERENT than above: _____ Coach Shirt Size: _____

EMERGENCY TREATMENT RELEASE

Dates during which release is granted – **FROM: September 1, 2023 TO: November 30, 2023**

TO WHOM IT MAY CONCERN: As a parent and/or guardian of the minor named above, I herewith authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Parent(s)/Guardian Info:

Parent Name _____ address (if different than above) _____ Ph # _____ Cell # _____

Parent Name _____ address (if different than above) _____ Ph # _____ Cell # _____

Contact Email _____ Hospital Preference _____

Other contact in case of emergency (required):

Name _____ Phone _____ H / W / C Relationship to child _____

Specific medical allergies, chronic illness or other medical conditions the staff should be aware of: _____

Parent Signature _____

Date: ____ / ____ / ____