



Lincoln Park PAL



2010 Summer Soccer & Clinic Registration

When: Saturdays, May 8, 15, 22 & 29 from 9:30 – 11:30 at **LANES FIELD***
Wednesdays, May 19 & 26 from 7:00 – 8:30 PM at **PAL Building**

Where: Saturdays - Lanes Field* (Ryerson Rd. past Middle School)
Wednesdays - PAL Community Center
On-Line at www.LPsoccer.org

*In case of inclement weather, registration will be moved to PAL

Registration Fee: \$62 per child (3 or more/\$52 each child) **Checks made out to LP PAL**

Questions: Send e-mail to Soccer@LPPAL.ORG

Note: \$10 late fee per child will be strictly enforced

Summer Soccer – Current Grades 1 - 8

- In order to make all teams as equal as possible, no special requests will be honored (except clinic)
- Summer soccer runs June 21 through August 1 – generally no weekends
- Games are usually Monday, Tuesday, Thursday or Friday (older teams play under the lights)
- Don't worry about vacations; we can work around them!

Soccer Clinic – Current Pre K & K

The soccer clinic teaches the children fundamental skills of soccer. The children will learn through an age appropriate format and a fun environment.

- Children **currently** in Pre K & K (**They must be in K or 1st Grade in September 2010**)
- Runs for 6 weeks every Wednesday at Boro Field from 6:15 – 7:30 from June 23 through July 28
- Parents needed to help coach. No experience necessary. Program coordinator will provide weekly instructional games and drills for each coach along with guidance.



Lincoln Park PAL Soccer Registration Form - \$62

(Please Print)

Male or Female (circle one) **Present** Grade Level: _____ Age: _____ Date of Birth: _____
mm/dd/yy

Last Name: _____ First Name: _____

Address (Street & Town): _____

Home Phone: _____ Cell Phone: _____

Email (please print): _____

Shirt Size(circle): YS YM YL AS AM AL AXL Short Size(circle): YS YM YL AS AM AL AXL

Does Child Play On Traveling Team? Yes ___ No ___ Name of Travel Team: _____

Emergency Contact: _____ Phone: _____

Medical Conditions (if any): _____

Primary Medical Insurance: _____

NJ Youth Soccer Association provides insurance as secondary coverage to your primary policy

We Need Your Help!

Volunteer To Coach (No Experience Necessary) Coach: _____ Assist: _____

Name: _____ Shirt Size (circle): AS AM AL AXL AXXXL

Snack Bar – Yes, I would like to help once or twice: Before _____ After _____ During _____ my child's game

Name: _____

Sponsors

Businesses or Organizations Are Needed To Sponsor Our Teams

Summer Team – Sponsor fee of \$125 includes sponsor name on shirt, schedule and web site for 1 year

Business or Organization Name: _____

Contact Name: _____ Phone: _____

PAL Use Only

Amount paid for this child: _____ Cash (receipt number) _____ Check # _____

Accepted By: _____ Date: _____