



**SOCCKER APPLICATION GRADES Gr.1- 8 FALL 2018 SEASON**

**League Structures:**

**Junior World Cup League- Grades 1 & 2-** Instructional league, separate teams for boys and girls, games with Roseland and North Caldwell, Trinity Academy, etc.

**World Cup League- Grades 3 & 4-** League, separate teams for girls and boys, games with Roseland and North Caldwell, Fairfield, Trinity Academy, etc.

**West Essex Junior Soccer League- Grades 5 and 6-**League, separate teams for girls and boys games with Roseland and North Caldwell, Fairfield, Trinity Academy, etc.

**West Essex Senior Soccer League- Grades 7and 8** -League, separate teams for girls and boys, games with Roseland and North Caldwell, Fairfield, Trinity Academy, etc.

**Youth Gr. 1-8 Cost : \$125.00 per child**

**Registration Deadline- 7/1/18** Applications received after this date will be assessed a \$30.00 late fee and will be placed on a waiting list with no guarantee of placement on a team if the rosters are at maximum levels. **Fees are non-refundable.** Please do not put more than two children on an application.

**Anticipated practices to start after Labor Day weekend.** Games and practices may be any week day Mon. Fri. and/or Saturdays. **Please fill out all the information asked for, especially health conditions and send application/payment to:**

Essex Fells Recreation, Attention: Lauren Lombardy  
255 Roseland Avenue  
Essex Fells, NJ 07021

**For additional information email Lauren Lombardy at [LLombardy1@gmail.com](mailto:LLombardy1@gmail.com) or [Recreation@essexfellsboro.com](mailto:Recreation@essexfellsboro.com) or call 973-809-7998.**

1. Child Name \_\_\_\_\_ Grade in Fall 2018 \_\_\_\_ Gender: M F  
Shirt Size- (Circle One )    YS    YM    YL    AS    AM    AL

2. Child Name \_\_\_\_\_ Grade in Fall 2018 \_\_\_\_ Gender: M F  
Shirt Size- (Circle One )    YS    YM    YL    AS    AM    AL

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email-mandatory-(print legibly) \_\_\_\_\_

Parents interested in being a coach: **head coach**. \_\_\_\_\_ **assistant coach** \_\_\_\_\_

Health Conditions- \_\_\_\_\_

Emergency contact- \_\_\_\_\_

I/we, the parents of the above do hereby give approval to my/our child's participation in any and all league/clinic activities during the current season. I/we will assume all responsibility for my/our child's transportation to and from games and practices. I/we agree to abide by all rules and regulations set down by the Essex Fells Recreation Department. I do hereby assume all risks of competition and participation therein, and on behalf of myself, my heirs, and personal representatives do hereby hold harmless, and waive all rights and action I may have, against the Borough of Essex Fells, Essex Fells Recreation Dept., and all other persons involved in the organization, for any injury, loss or damages my/our child may suffer as a result of participation in basketball. Please note any health condition(s) my son/daughter may have which the Recreation Department should be aware.

Parent(s) Signature- \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY: Check #- \_\_\_\_\_ Date received- \_\_\_\_\_

