



**Township of Cedar Grove  
Recreation Department**  
525 Pompton Ave. Cedar Grove, NJ 07009  
(973) 239-1410 x220

**6<sup>th</sup>, 7<sup>th</sup> & 8<sup>th</sup> Grade**  
**Fall Recreation Soccer League**

**STAY IN THE KNOW!**

“LIKE” US ON FACEBOOK, [www.facebook.com/cedargroverec](http://www.facebook.com/cedargroverec) or  
“FOLLOW” US ON TWITTER, @CedarGroveRec

- **Who:** Boys and Girls entering grades 6-8 in Sept. 2018
- **Where/When:** -Practices will be determined by coach beginning in September  
-One to two games per week, played on weeknights or Saturday  
-Games will be played vs WC/Caldwell, Verona & Millburn
- **Fee:** \$70.00/child – CHECKS MADE PAYABLE TO TOWNSHIP OF CEDAR GROVE  
Cut-off will be August 31<sup>st</sup>, any one added after this date will be at discretion of Rec. Department.  
Late fee of \$10 after 8/24/18

**Description:** This Recreation Soccer League is an opportunity for kids to practice and play games with their peers at a recreational level. All children will receive equal playing time in games, and will practice 1-2 times per week depending on the coach, with games 1-2 per week. This is a recreational league so it is all about learning the game while having FUN! **Shin guards are required for all participants!**

**6<sup>th</sup>-8<sup>th</sup> Grade Rec Soccer – Fall 2018**

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMERGENCY CONTACT \_\_\_\_\_

EMAIL \_\_\_\_\_ PREFERRED HOSPITAL \_\_\_\_\_

Any Allergies/Health Conditions we should be aware of? (If Yes, explain) \_\_\_\_\_

**Check One:** BOYS \_\_\_\_\_ GIRLS \_\_\_\_\_

**T-Shirt Size:**

(Circle Adult or Youth AND Size) **Adult** OR **Youth** Small Medium Large XL(adult only)

I will not hold Cedar Grove Township, Cedar Grove Recreation or any of their representatives responsible for any loss or injury I may incur while playing or practicing. I am in good health and able to participate without restriction. I also authorize Cedar Grove Recreation Department personnel/coaches to contact appropriate emergency personnel, should I need medical assistance.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**\$70.00**