

Monmouth Beach Micro Soccer

Soccer for 4-5 year olds and/or Kindergarten – Fall 2012

The Monmouth Beach Micro-Soccer program is for boys and girls ages 4, 5, or in Kindergarten. It is a beginner program that focuses on teaching the kids the fundamentals of soccer. Sessions are held in the fall on Sunday mornings. Half of each session consists of instruction while the remaining half consists of game play. Kids of all skill levels are encouraged to sign up. The program is open only to Monmouth Beach residents.

This fall, Micro-soccer will be held each Sunday at 11AM from September 16 through November 11, 2012. All sessions will be held at Griffin Field across the street from the school. Each child will be assigned to a team for the season on the first day.

We will need parents to volunteer as coaches. If you would like to volunteer to be a coach, please indicate so on the form below.

The cost of the program is \$25 per child. You can sign up electronically via the GovOnline system. Please visit www.mbrecreation.com for more info on the sign up process.

If you are unable to sign up electronically, please make checks payable to “Monmouth Beach Recreation Commission” and bring the forms to Borough Hall between the hours of 9:00AM – 4:00PM.

Registration for this program will end on September 14, 2012. A late fee of \$20.00 will be assessed to all sign-ups received after September 14, 2012.

Details on start times and dates will be sent via email to the email address identified below.

The sign up form can be found on the next page of this document.

(cont'd on next page)

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Sign up form

Child's Name: _____ Age: _____ DOB: _____

Gender: _____ Grade: _____

Address: _____ Cell: _____

Parent's Name: _____ Email: _____

I hereby give my permission for my son to participate in Monmouth Beach Micro Soccer. I also give my permission for my child, in the event of an injury or illness to be given emergency treatment at a local hospital.

Parent's signature: _____ Date: _____

If you would like to volunteer to be a coach, please write your name below.

Coaching volunteer – name: _____

Medical information:

Insurance company: _____ Policy #: _____

Name of contact in case of emergency: _____ Phone: _____

Preferred hospital: _____

Physician name: _____ Phone: _____

Physician address: _____

Special needs (such as allergies): _____

Please email any questions to micro@mbrecreation.com