

TOWNSHIP OF OCEAN RECREATION YOUTH SOCCER



For youth in Kindergarten through 9th grade as of September 2018

SOCCER DIVISIONS	GRADE
Instructional	Kindergarten & 1st
Developmental	2nd & 3rd
Junior	4th - 6th
Hot Shots	7th - 9th
<i>All soccer divisions are separated by gender Divisions may be restructured dependent upon enrollment.</i>	

Practices begin in late August. Games are held on Saturdays, September 8 - November 3.
If makeup games are needed due to inclement weather, games will be made up on 11/10 and/or 11/17.

FEE: \$55 Residents/\$65 Non-Residents

Age-appropriate shin guards are required ~ Rubber cleats are suggested

FALL PRE-K SOCCER CLINIC *MUST BE AGE 4 AS OF 9/1/18*

Children will learn the fundamentals of soccer with an emphasis on FUN! Our soccer instructor will lead players with a warm-up and instructional clinic, followed by game play. Children are encouraged to bring a #3 soccer ball each week, labeled with the child's name. Rubber soccer cleats are optional, and shin guards are required.

SATURDAYS, SEPTEMBER 22 - OCTOBER 27 9:00 - 10:00 AM OAKHURST PARK

FEE (T): \$25 RESIDENTS/\$35 NON-RESIDENTS

*Adult supervision is needed. If you are interested in helping, please register as a **Volunteer Coach - Pre-K division.**
You will be assigned a group of children each week and will help with skills, drills and games under the direction of the program supervisor.*

VOLUNTEER COACHES AND ASSISTANTS ARE NEEDED

Call 732-531-2600 for information

All volunteers comply with the Rutgers SAFETY training and Township-sponsored fingerprint program.



TOWNSHIP OF OCEAN DEPARTMENT OF HUMAN SERVICES

601 Deal Road Ocean, New Jersey 07712

732-531-2600

www.oceantwp.org



In-Person or Mail-in Registration Form

1. On Wednesday, May 2 registration for residents will begin @ 8:30 a.m. online or in person at the Recreation Office, 601 Deal Road.
2. Non-residents may begin registering on May 16.
3. Registration will be accepted on a first come basis until August 17th or until maximum capacity is met.
4. In-person registrations are accepted at the Recreation Office from 8:30 a.m. to 4:30 p.m., Mondays through Fridays.
5. All checks payable to: **Township of Ocean.**
6. Program refunds will be granted only if the program is cancelled by the Recreation Office (no service charge will apply) or if the vacated spot can be filled prior to the start of the program. Request for refund must be made in writing. Refunds will not be considered following the start of a program. Granted refunds will be assessed a \$10.00 service charge. Requests for refunds received within the appropriate time frame may also be credited to the registrant's Family Account (with no processing charge held) and applied to a future activity.
7. The Township of Ocean has established a Participation Code of Conduct (copy available upon request and posted on Township website). Compliance is required for participation in activities.
8. It is understood that images of participants may appear in footage on the Township television station, the Township's website, Facebook, Instagram and Twitter accounts, and in photographs promoting activities sponsored through the Department of Human Services.

Recreation Soccer Registration Form (Recreation Office, 601 Deal Rd., Ocean, NJ 07712)

I. HOUSEHOLD INFORMATION:

PRIMARY ADULT NAME (First/Last): _____ PRIMARY ADULT DOB (mm/dd/yr): _____
MAILING ADDRESS: _____ TOWN: _____ ZIP: _____
HOME PHONE: _____ EMAIL ADDRESS: _____
CELL PHONE: _____ DAY PHONE: _____

II. PROGRAM NAME: RECREATION SOCCER DIVISION (Please circle): Pre-K (Coed) K-1st (B-G) 2nd-3rd (B-G) 4th-6th (B-G) 7th-9th (B-G)

III. PARTICIPANT INFORMATION:

PARTICIPANT NAME (First/Last): _____ DOB: _____ GENDER: M F
GRADE : _____ (grade as of Sept. 2018)
EMERGENCY CONTACT (first/last): _____ PHONE: _____

Youth Soccer: Note the one night that child cannot practice due to an alternate obligation: _____

Youth Soccer: Individual requests (carpooling, specific team, etc.) will not be considered given the size of the programs.

YES, I WOULD LIKE TO VOLUNTEER COACH ASSISTANT EITHER

VOLUNTEER NAME: _____ ADDRESS: _____

HOME PHONE: _____ DAY PHONE: _____

CELL PHONE: _____ EMAIL ADDRESS: _____

Note: All volunteers are required to participate in a fingerprinting program in order to be considered for involvement in this youth activity.

1. **Does this program registrant require special assistance or accommodations to enjoy this program?** _____ If yes, please note the physical or developmental disability and limitations (or any other situation) and include with registration form. Requests for special assistance must be received at least three weeks prior to the start of the program.
2. Due to the strenuous nature of some activities, registrant should consult a physician prior to participation. It is the responsibility of the participant to inform the Recreation Office of any physical disabilities that may limit his/her participation in a program. Please note that participant assumes the responsibility of all reasonable risks which may exist due to participation in Township-sponsored events.
3. I have reviewed and understand the Registration/Refund procedure as provided in the seasonal brochure.
4. The Township of Ocean has established a Participation Code of Conduct and it is understood that compliance is required for participation in Township activities. A copy is available upon request.
5. It is understood that images of the participant noted on this form may appear in footage on the Township television station, the Township website and Facebook or Twitter pages, and in photographs promoting activities sponsored through the Department of Human Services.
6. As per NJ State Law (P.L. 2006, Chapter 306), school age youth who wear corrective eyeglasses are directed to wear protective eyewear that meets established safety standards during certain activities (including but not limited to basketball, soccer, tennis, lacrosse, baseball/softball). Please consult your child's eye doctor for specific information.

IV. Parent/Guardian/Participant (if over 21): _____

Office use: Date: _____ Amount: _____ Check#/Cash: _____ FAM ID #: _____ Initials _____