



Division	Grade*
Kindergarten	K (co-ed)
Instructional	1st & 2nd
G1 & B1	3rd - 5th
G2 & B2	6th - 9th
All Soccer Divisions are Separated by Gender (except Kindergarten) <i>*If enrollment permits, older divisions will be restructured as follows: 3rd/4th, 5th/6th & 7th - 9th</i>	

Registration: May 24 – July 12 *or until capacity is filled*
 Non-resident registration begins June 21 if spaces are available
Online: www.oceantwp.org

In person: Township of Ocean Dept. of Human Services, 601 Deal Road

Practices begin in late August. Games are held on Saturday beginning early September through late October.
Some Sunday games may be scheduled.

Fees: Kindergarten: \$45 Residents / \$55 Non-residents
 All other divisions: \$55 Residents / \$65 Non-residents (excluding Pre-K)
Age appropriate shin guards are required ~ Rubber cleats are suggested

NEW! Pre-K Soccer clinic for ages 4 & 5.
 (\$25 Residents / \$35 Non-residents)

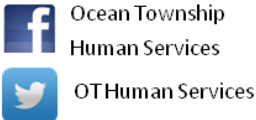
Specific program information found in the online Spring/Summer Recreation Brochure. Registration begins 5/24.

Volunteer Coaches and Assistants For All Age Groups 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 24 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 June 21.
3. Registration will be accepted on a first come basis until July 12 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 and Twitter pages, 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 K G1 B1 G3-5 B3-5 G6-9 B6-9

III. PARTICIPANT INFORMATION:

PARTICIPANT NAME (First/Last): _____ **DOB:** _____ **GENDER:** M F
GRADE .: _____ (grade as of Sept. 2017)
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 _____