



Township of Ocean Recreation Office

Physical Address: 601 Deal Rd.

Mail to: P.O. Box 910, Oakhurst, NJ 07755

732-531-2600

2010 RECREATION SOCCER

The recreation programs of the Township of Ocean promote positive recreational experiences and the enhancement of the community through the demonstration of respect and sportsmanship. All persons involved in recreational programs, including participants, parents, staff, volunteers, and spectators contribute to the experience of all. It is the responsibility of all involved in the recreation program to cooperate toward the achievement of these goals.

This program is available to youth in FIRST through NINTH grade as of September '10. Divisions are separated by grade & gender (Inst:1st/2nd; Biddy: 3rd/4th; Junior: 5th/6th; Senior: 7th-9th). Teams will be formed and practices will begin in mid-August. Games will be played on Saturdays beginning early September and continuing through early November. Some Sundays may be scheduled. Age appropriate shin guards required; rubber cleats recommended. **NO JEWELRY PERMITTED AT GAMES OR PRACTICES.**

Fee: \$50.00/resident; \$60.00/non-resident (Checks payable to: **Township of Ocean**)

Reg: June 2 – July 9 (or until maximum capacity is met; non-residents accepted as of June 30 if space available). Registration will be held at the Recreation Office. *Please be sure to note the one night/week your child can not participate in a team practice due to religious obligation. This information is needed by 7/30.*

IF YOU ARE INTERESTED IN **WORKING IN THE CAPACITY OF VOLUNTEER COACH**, PLEASE NOTE THIS ON THE REGISTRATION FORM BELOW. VOLUNTEERS MUST COMPLY WITH THE TOWNSHIP SPONSORED FINGERPRINTING AND COACH'S TRAINING PROGRAMS. INFO WILL BE FORWARDED TO ALL REGISTERED VOLUNTEERS.

Recreation Registration Form Recreation Office, P.O. Box 910, Oakhurst, NJ 07755

PROGRAM: YOUTH SOCCER DIVISION (please circle): BI GI BB GB BJ GJ BS GS

DID YOU PARTICIPATE IN THIS PROGRAM LAST SESSION/YEAR? Y N

IF NO, HAVE YOU PARTICIPATED IN ANY OTHER PROGRAM SPONSORED BY THE RECREATION OFFICE? Y N

NAME: _____ PHONE: _____ PARENT E-MAIL: _____

ADDRESS: _____ TOWN: _____ ZIP: _____

PARENT NAME: _____ DAY PHONE: _____ CELL PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

DOB: / / AGE: _____ GRADE (AS OF 9/2010): _____ GENDER: Male Female

NOTE THE **ONE NIGHT** THAT CHILD CAN NOT PRACTICE DUE TO RELIGIOUS OBLIGATION: _____

Does your child currently play on a Travel and/or School soccer team? Y N

Individual requests (carpooling, specific team, etc.) will not be considered given the size of the program.

YOUTH SPORTS ONLY: I WOULD LIKE TO VOLUNTEER: (please circle preference and complete below) COACH ASSISTANT

VOLUNTEER NAME: _____ HOME #: _____ ADDRESS: _____

WK #: _____ CELL #: _____ E-MAIL: _____

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

- 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 the registration form. Requests for special assistance must be received at least three weeks prior to the start of the program.
- Due to the strenuous nature of some activities, registrant should consult a physician prior to participation. It is the responsibility of 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 programs.
- I have reviewed and understand the Registration/Refund procedure as provided in the seasonal brochure.
- 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.
- It is understood that images of the participant noted on this form may appear in footage on Township cable station and in photographs promoting activities sponsored through the Department of Human Services.
- As per NJ State Law (P.L. 2006, Chapter306), 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.

Parent/Guardian Signature: _____

Office Use Only: Date: _____ Amount: _____ Check #/Cash: _____ Rec. #: _____ OL: _____

