



Roseland Recreation Department
 19 Harrison Avenue
 973/226-6552 or recreationdept@roselandnj.org
 Mayor John Duthie



2011 Fall Youth Soccer Roseland Boys and Girls
A/WEST ESSEX SENIOR BOYS AND GIRLS LEAGUES (GRADES 7-8)
B/WEST ESSEX JUNIOR BOYS AND GIRLS LEAGUES (GRADES 5-6)
C/WEST ESSEX WORLD CUP BOYS AND GIRLS LEAGUES (GRADES 3-4)
D/WEST ESSEX JR. WORLD CUP BOYS AND GIRLS LEAGUES (GRADES 1-2)

Shin guards are mandatory for each player and multi purpose cleats are recommended. Neither is provided by the Recreation Department. Walk in or mail registrations to Roseland Recreation, 19 Harrison Avenue, Roseland, NJ 07068 All checks should be made payable to the Borough of Roseland.

FEE: \$85.00 (ALL LEAGUES) This year the draft will once again be held at the end of June!

DEADLINE: FRIDAY, JUNE 10th

All participants registering after the deadline will be assessed a \$10.00 late fee and may be added if space is available.

UNIFORM RETURN POLICY: Failure to return the uniform (shirt only) within 2 weeks of the close of the season will result in a suspension from all recreation privileges. If the uniform is damaged or lost, there will be a \$25.00 fee assessed for the replacement value.

REMINDER - YOU CAN ALSO REGISTER FOR STICKS 'N KICKS SOCCER CAMP TO BE HELD IN AUGUST AT LYNN DEBELL MEMORIAL FIELD IN ROSELAND.

PLEASE NOTE: ONE FORM PER PARTICIPANT

DETACH HERE

Do not fill in below

2011 FALL YOUTH SOCCER

CASH CHECK AMOUNT DATE

For Office Use Only: Outstanding Uniforms _____ Uniforms Returned _____ \$25 replacement fee _____

NAME _____

ADDRESS _____ / _____ / _____ / _____

HOME PHONE _____ STREET/PO BOX _____ TOWN _____ STATE _____ ZIP _____
 EMERGENCY PHONE _____

E-MAIL ADDRESS _____ AGE _____ GRADE _____ (As of Fall 2011) SEX _____

Did your son/daughter play last year? Yes _____ No _____ League Last Year? _____

Does your son/daughter have any health condition(s) the Recreation Department Staff should know about? No _____ Yes _____

Describe _____

THE RECREATION DEPARTMENT RECOMMENDS THE DISCLOSURE OF RELEVANT HEALTH INFORMATION. UNLESS THE ROSELAND RECREATION DEPARTMENT IS NOTIFIED IN WRITING, COACHES AND STAFF WILL BE FORWARDED ALL INFORMATION ON THE REGISTRATION FORM. INCLUDING HEALTH CONDITIONS.
 PARENTS/ADULT SIGNATURE ALLOWING PARTICIPATION AND WAIVING CLAIMS THAT MAY RESULT FROM INJURY DUE TO SOCCER ACTIVITY.

 SIGNATURE (PARENT/GUARDIAN)

 DATE

PLEASE NOTE: THE RECREATION DEPARTMENT WILL NOT HONOR REQUESTS TO BE PLACED ON A SPECIFIC TEAM.

PARENTAL ASSISTANCE:

I am interested in: COACHING _____ PHONE SQUAD _____
 ROSELAND RECREATION BOOSTER MEMBERSHIP _____

SPONSORSHIP _____

NAME _____ HOME PHONE _____ BUSINESS PHONE _____
 CELL PHONE _____ FAX _____ E-MAIL ADDRESS _____



FOR MORE PROGRAM INFORMATION, TURN TO CHANNEL 35, VERIZON CHANNEL 46; CHECK OUR WEBSITE AT WWW.ROSELANDNJ.ORG OR LOOK IN THE PROGRESS NEWSPAPER