



SUMMER SOCCER CLINICS

at HARRINGTON PARK 79 ROCK RD, L.V

OFFER #1

NOTE: OFFERS CANNOT BE COMBINED

SAVE! REGISTER FOR MULTIPLE WEEKS & SAVE \$10 OFF YOUR TOTAL

SUMMER CLINIC SCHEDULE

Option	Clinic	Age	Dates	Times	Resident/Non-Resident	Deadline Date
1 <input type="checkbox"/>	WORLD CUP	6-15yrs	JULY 8TH-12TH	9-1PM	\$199/\$209 PER PLAYER	JULY 3, 2024
2 <input type="checkbox"/>	WORLD CUP	6-15yrs	JULY 22ND-26TH	9-1PM	\$199/\$209 PER PLAYER	JULY 18, 2024
3 <input type="checkbox"/>	WORLD CUP	6-15yrs	AUG 12TH-16TH	9-1PM	\$199/\$209 PER PLAYER	AUGUST 8, 2024
4 <input type="checkbox"/>	PRE-K CLINIC	3-5yrs	JULY 8TH-12TH	9-11AM	\$125/\$135 PER PLAYER	JULY 3, 2024
5 <input type="checkbox"/>	PRE-K CLINIC	3-5yrs	JULY 22ND-26TH	9-11AM	\$125/\$135 PER PLAYER	JULY 18, 2024
6 <input type="checkbox"/>	PRE-K CLINIC	3-5yrs	AUG 12TH-16TH	9-11AM	\$125/\$135 PER PLAYER	AUGUST 8, 2024

OFFER #2

NOTE: OFFERS CANNOT BE COMBINED

EARLY BIRD DISCOUNT! REGISTER BY JUNE 3RD & SAVE \$20 OFF YOUR TOTAL

REGISTRATION FORM

Players Name: _____ Age: _____ Price: \$ _____

Players Name: _____ Age: _____ Price: \$ _____

Players Name: _____ Age: _____ Price: \$ _____ Total: \$ _____

Parent's Name: _____ Phone Number _____

Email Address: _____

Medical Condition: _____

Payment Method: Check Enclosed Cash Credit Card (SORRY NO REFUNDS)

If the participant has individualized needs due to a disability, please check the following and someone will contact you regarding reasonable accommodations. Yes, I will need to be notified regarding special considerations for my child. Unless otherwise noted as multigenerational, programs are **children-only** in order to gain the maximum benefit from Instruction and peer interaction. **Waiver:** I hereby certify my child(ren) is/are in good health and able to participate physically in all activities. I agree to release Kickzsoccer LLC, and Washington Township Parks & Recreation and their employees harmless for all and any claims for injuries and illness incurred during my child's participation in this clinic. Note: Please include all relevant medical information in writing for your child(ren) with this application. I also give consent for kickzsoccer to use pictures for promotional purposes.

Signed: _____ Print Name: _____ Date: _____

MAKE CHECKS PAYABLE TO **WT Recreation** – MAIL CHECK, ALONG WITH THE COMPLETED REGISTRATION FORM
TO: WASHINGTON TWP. RECREATION 50 ROCK RD, LONG VALLEY, NJ, 07853

NOTE: \$10 LATE FEE APPLIES TO REGISTRATIONS RECEIVED AFTER DEADLINE DATE ABOVE
ONLINE PAYMENT IS AVAILABLE @ WWW.WTMORRIS.ORG

****Paying online does not secure your registration until the signed registration has been received. ****

CONTACT

WT RECREATION: EMAIL: RECREATION@WTMORRIS.NET PHONE: (908) 876-5941

KICKZSOCCER: EMAIL: INFO@KICKZSOCCER.COM PHONE: (973) 270-7542