



Mayor John Duthie

Roseland Recreation Department
973-403-6822 or mcolitti@roselandnj.org

NEW 2017 Winter Indoor "Futsal" Youth Soccer Program



When: February 4 - March 18, 2016 (6 Weeks) - no program on 2/18 for winter break
Who: Roseland Boys and Girls in Grades 4 - 6 & 7 - 8
Where: Lester C Noecker School - Sierchio Gym
When: 10:30 a.m. - 11:30 a.m. (4-6 gr.) and 11:30 a.m. - 12:30 p.m. (7-8 gr.)
Minimum 8 and Maximum 12 participants per session

"Futsal" is a fast-paced game designed to enhance your child's skills.
A greater premium is placed on ball control and technique as opposed to just kicking it hard.
Learn soccer skills with the use of an indoor soccer ball and smaller pop up goals.

Shin guards are mandatory for each player and are not provided.

Mail registrations to Roseland Recreation, 140 Eagle Rock Avenue, Roseland, NJ 07068

FEE: \$75.00 All checks should be made payable to the Borough of Roseland. Deadline Friday, January 27th

PLEASE NOTE: ONE FORM PER PARTICIPANT

DETACH HERE

(OFFICE USE ONLY)

2017 INDOOR "FUTSAL" YOUTH SOCCER PROGRAM

CASH CHECK AMOUNT DATE

NAME

ADDRESS

STREET/PO BOX

TOWN

STATE

ZIP

HOME MOM CELL DAD CELL

E-MAIL ADDRESS AGE GRADE SEX

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

Describe

Child Photo / Video / Release Form



I grant permission for the Borough of Roseland, Roseland, New Jersey to use photograph(s)/moving image(s) of my child participating in Borough programs and/or activities for promotional purposes. I understand that photographs or recordings may be utilized by the Borough at its discretion for materials including, but not limited to: newsletters, brochures, television, video tape and flyers. Photographs sent to the local newspaper may have names noted. There will be no valuable consideration paid as a result of this activity.

Yes No

PARTICIPANT WAIVER OF CLAIM FORM: As partial consideration for the Borough of Roseland providing ("Participant") with the opportunity to participate in Indoor "Futsal" Soccer I, as parent or guardian of Participant, on his or her behalf and on my own behalf and that of my spouse or partner, agree to hereby 1) acknowledge that there are foreseeable and unknown risks inherent in participation in the Program, 2) release, indemnify and hold harmless the Borough of Roseland, its officials, departments, employees, volunteers, contractors, insurers, including the NJIIF and the Borough of Roseland, its owners, employees, volunteers and subcontractors from and against all claims, losses, costs and damages arising from Participant participation in the Program, and 3) agree that for any loss or damage suffered by Participant will be turned over to parent / guardian's insurance company. I also represent that the Participant has been cleared by his/her physician to participate in the Program. If a medical emergency should arise and the parent / guardian cannot be reached immediately at the home phone # ( ), at the work phone # ( ), at the emergency phone # ( ) or via the cell phone # ( ), I, parent or guardian, hereby grant medical personnel to take whatever means he or she deems necessary to safeguard the welfare of the Participant.

Print Name Signature Date

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