


T.E.A.C.H. SOCCER REGISTRATION FORM


Girls Team for ages 13 years and up!

SCHEDULE


- Starts Tuesday, March 10th through May 16, 2020
- Practice days are Sat. 9-11 am, Tues. & Thurs. 5:00-7:00 pm

Questions?
 Contact Jill Ludwig
 (484) 529-4647 (cell)
 jill_andyludwig@hotmail.com

 Medical Liability form must be signed & returned with registration.

 May 16 is the parents' game.

 Cleats and shin guards required.

 Must be a registered participant of TEACH (Contact Amy Mease at 717-336-5939 for participant information.)

Location: Brubaker Park near Fivepointville

T.E.A.C.H. sports activities of The Educator's Affiliation of Christian Homeschoolers, happen because people like you make them happen. There is no tax base to support it. No one is hired. No one receives pay. We depend on parents and interested people like you to be the coaches, refs, drivers, etc. Many give their time, energies and expertise. If you would like to be one of the many, you will be blessed but not paid. Please don't hesitate to volunteer to be part of the team.

***All coaches and helpers will need to comply with the new child protection laws.*

Complete and return *both* this Registration *and* the Health and Liability Form along with check (made payable to T.E.A.C.H.) to: Jill Ludwig, 158 Alleghenyville Road, Mohnton, PA 19540

student name: _____	age: _____	shirt size: _____	I can help with:
student name: _____	age: _____	shirt size: _____	<input type="checkbox"/> Assisting the coach
student name: _____	age: _____	shirt size: _____	<input type="checkbox"/> Referee
student name: _____	age: _____	shirt size: _____	<input type="checkbox"/> Transportation to games
parents: _____		address: _____	
city: _____		zip: _____	phone (home): _____ (cell) _____
email: _____		emergency contact/phone number _____	

Registration for _____ Students X \$33.00 = \$ _____

Jersey for _____ Students X \$10.00 ea.) = \$ _____

Total = \$ _____

We, parent/guardian and participant(s) listed above, agree to abide by the rules of TEACH Sports. Recognizing the possibility of physical injury associated with sports activities and in consideration for TEACH accepting the registrant(s) for its sports programs and activities, I hereby release, discharge, and/or otherwise indemnify TEACH and the associated personnel including the owners of the field and facilities used for the programs against any claims by or on behalf of the registrant(s) as a result of the registrant's participation in the programs and activities, including transportation to and from the same, which transportation I hereby authorize. I also agree to and give permission for emergency medical care required if I am unable to be reached.

 Parent/Guardian's signature and date