

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

Boys team for ages 13 years and up!

Co-ed team for 9-12 year olds!

Co-ed team for 6-8 years olds!

## BOYS TEAM – 13 & up


- Starts Tuesday, August 11 through October 31, 2020
- Practice days are Sat. 8-10 am, Tues. & Thurs. 5:30-7:30 pm


Any questions?  
Contact Jill Ludwig  
At (484) 529-4647


## CO-ED TEAMS – 6-8 and 9-12 years old


Starts Saturday, August 29 through October 31, 2020

- Practice days are Saturdays only 9 am -11 noon

 Medical Treatment Authorization form must be signed and returned with registration.

 Cleats and shin guards required.

 October 31 will be parent's game.

 Must be a registered participant of TEACH

**Location: Brubaker Park near Fivepointville**

*Sports activities of T.E.A.C.H. happen only because people are willing to help and serve. Please indicate how **you** are willing to contribute to the success of this program:*

- Assisting the Coach       Set Up & Maintain Fields       Order Shirts       Manage Equipment  
 Compile Registration Forms       Produce Participation Certificates       Referee Games

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

**Please sign up by August 1st for the BOYS TEAM.**

student name: \_\_\_\_\_ age: \_\_\_\_\_ shirt size: \_\_\_\_\_

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student name: \_\_\_\_\_ age: \_\_\_\_\_ shirt size: \_\_\_\_\_

parents: \_\_\_\_\_ address: \_\_\_\_\_

city: \_\_\_\_\_ zip \_\_\_\_\_ phone (home): \_\_\_\_\_ (cell) \_\_\_\_\_

email: \_\_\_\_\_ emergency contact/phone number \_\_\_\_\_

Registration for \_\_\_\_\_ Boys Team X \$32.00 each plus \_\_\_\_\_ jersey X \$15.00 ea.) = \$ \_\_\_\_\_

Registration for \_\_\_\_\_ Co-ed Teams X \$18.00 each plus \_\_\_\_\_ jersey X \$15.00 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