

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 Saturday, August 20 thru October 29, 2022
- Practice days are Sat. 8:00-9:30 am, Tues. & Thurs. 5:30-7:30 pm
- Includes organized games with other school or club teams


Any questions?


Contact Dave Mease
Call or text at (717) 618-9756
or damease95@gmail.com

CO-ED TEAMS – 6-8 and 9-12 years old

- Programs run Saturday, September 3 thru October 29, 2022f
- Times are Saturdays only, 9:30-11:30 am (change in time from past years)
- Currently we have no opportunities to play other teams - we scrimmage only. But it would be great to grow the program in this area. If you have a desire to help us grow here, please let Dave Mease know ASAP.

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

 Cleats and shin guards required.

 October 29 will be parents games.

 Must be a registered participant of TEACH

Location: Brubaker Park, Long Lane, 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:*

- Assist the Coach Set Up & Maintain Field Lines Manage Equipment
 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: Dave Mease, 176 N. Reamstown Road, Stevens, PA 17578

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

student name: _____ age: _____ shirt size: YS YM YL S M L XL _____

student name: _____ age: _____ shirt size: YS YM YL S M L XL _____

student name: _____ age: _____ shirt size: YS YM YL S M L XL _____

student name: _____ age: _____ shirt size: YS YM YL S M L XL _____

Parents: _____ Address: _____

City: _____ ZIP: _____ Phone (home): _____ (cell): _____

Email: _____ Emergency Contact/Phone #: _____

Registration for _____ Boys Team X \$40.00 each plus _____ jersey X \$12.00 ea.) = \$ _____

Registration for _____ Co-ed Teams X \$20.00 each plus _____ T-shirt 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