

Hempfield Township Athletic Complex (HTAC)

220 Forbes Trail Road
Greensburg, Pa 15601
724-219-3963



Hours Monday thru Friday 10:00am -10:00pm
Saturday 9:00am -10:00pm
Sunday 12:00pm -7:00pm

2011 FALL IN-HOUSE YOUTH SOCCER

AGE GROUPS: UNDER 10 – Ages 8 & 9 UNDER 8 – Ages 6 & 7
UNDER 6 – Age 5 UNDER 5 – Age 4

Players' age determined as of **July 31, 2010** based on PA West Soccer Association rules. All players will be automatically placed in proper age group. Move up must be requested in writing and will only be approved if space is available. Non-residents will be placed on teams only if **space is available**.

REGISTRATION DATES: **August 1, 2011 through August 12, 2011**
Registration received after August 12, 2011 may exclude player from the spring season due to roster restrictions.

FEES: Under 8 and Under 10 has uniform \$ 45 needs uniform \$ 55
Under 5 and Under 6 has uniform \$ 30 needs uniform \$ 40

Pay fee by mail or in person at Hempfield Township Athletic Complex
MasterCard/Visa/Discover accepted.
Checks made payable to: **HEMPFIELD TOWNSHIP**
Phone registrations NOT accepted.

SEASON: **Coaches will call for first practice.**
All practices held at Hempfield Park—Upper Soccer Fields.

EQUIPMENT: **Uniform consists of navy blue and gray Hempfield Soccer T-shirts.**
All players **MUST** wear shin guards covered by socks.
Tennis shoes or soccer shoes are acceptable—no baseball spikes are permitted.

PLEASE NOTE: All players MUST submit a copy of their birth certificate or have one on file at the office before registration will be accepted.

COACHES: **Meeting—Wednesday, August 17, 2011 – Hempfield Township Athletic Complex.**
If interested in coaching, contact Andy at 724-691-0126.



2011 FALL IN-HOUSE YOUTH SOCCER



REGISTRATION FORM

(Please detach and return with fee and copy of birth certificate if not on file)

YOU MUST HAVE PROOF OF AGE TO REGISTER!

REGISTRATION DEADLINE August 12, 2011

Participant Name _____

Age on 7/31/11 _____ **Birth Date** _____ **Sex** _____

School _____ **Grade** _____

Has Uniform _____ **No Uniform** _____

T-shirt Size (circle one) **YS 6-8** **YM 10-12** **YL 14-16** **AS 34-36**

Primary Guardian Name _____

Address _____ City _____ Zip _____

Phone _____ Work/Cell _____

e-mail (print legibly) _____

MEDICAL INFORMATION

Doctor's Name _____ Phone _____

Emergency Contact _____ Phone _____

Allergies/Disabilities/Medical Conditions _____

I give my permission in case of injury to take my child to a medical facility for needed treatment. I, also, represent that the registrant is in good health and can participate in competitive soccer and with prior knowledge of the physical nature and inherent risks, release Hempfield Recreation, Hempfield School District, and PA West Soccer from any and all responsibility for injury to the player as a result of negligence or otherwise while he/she is participating in the in-house soccer program.

Parent/Guardian Signature _____ Date _____

Volunteer Coach Name _____ e-mail _____

Amt. Pd. _____ Cash _____ Ck _____ BOF _____ Please Circle: MC Visa Discover

Card Number _____ Exp. Date _____ +3 Security # (back of card) _____