



Hempfield Parks & Recreation



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

2012 Spring TRAVEL YOUTH SOCCER

AGE GROUPS: Players age determined as of **July 31, 2011** (PA West Soccer Association rules)
Separate boys and girls teams.

UNDER 10's - Ages 8 to 9
UNDER 12's - Ages 10 to 11
UNDER 14's - Ages 12 to 13
UNDER 16's - Ages 14 to 15
UNDER 19's - Ages 16 to 18

REGISTRATION DATES: January 23, 2012 through February 3, 2012
Registration received after deadline will be charged \$ 10.00 late fee.
Registration received after deadline will not be guaranteed a spot on a team.

SEASON: Practices begin the week of March 5, 2012 - Coaches will call for practice times!
Games begin April 8, 2012

FEES:

Hemp. School District Residents:	\$105	needs uniform (fee includes Adidas uniform and socks)
	\$80	has uniform

Non-Hempfield School District residents will be placed on team, if space available.
Contact Andy Grobe @ 724- 691-0126 for information.

**Pay fee by mail or in person at Hempfield Township Athletic Complex.
(located at Hempfield Park) 220 Forbes Trail Rd. Greensburg, PA 15601
MasterCard/Visa/Discover accepted.
Checks made payable to: HEMPFIELD TOWNSHIP.
No phone registrations accepted.**

ACCESSIBILITY: Every reasonable effort will be made to accommodate physically and mentally
handicapped participants. Individuals with disabilities should call the Recreation office
requesting accommodations.



2012 Spring TRAVEL YOUTH SOCCER REGISTRATION FORM



(Please return with fee, copy of birth certificate, if not on file, and player photo)

YOU MUST HAVE PROOF OF AGE TO REGISTER !

REGISTRATION DEADLINE February 3, 2012

Participant Name _____

Age on 7/31/2011 _____ Birth Date _____ Sex _____

School _____ Grade _____ HAS UNIFORM _____ NO UNIFORM _____

Uniform Size (Circle) YS YM YL AS AM AL AXL

Classic League Player Yes _____ No _____ Name of Classic Club _____

Primary Guardian Name _____

Address _____ City _____ Zip _____

Phone# _____ Work/Cell _____ E-mail (print legibly) _____

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 travel soccer program.

The undersigned individual also hereby give permission to Hempfield Parks and Recreation to use photographs of the participant for the promotion of Hempfield Soccer, Hempfield Parks and Recreation events and programs and PA West Soccer.

Parent/Guardian Signature _____ Date _____

Volunteer Coach Name _____ Coaching License _____

Amt. Pd. _____ Cash _____ Ck _____ BOF _____ Please Circle: MC Visa Discover
Card Number _____ Exp. Date _____ +3 Security # (back of card) _____

