



U9 Only Intramural Select Tournament

Boys and Girls Teams

Sunday, November 13, 2011

Application Form - (One Form Per Team) *(Please print or type legibly)*

Club Name:	_____		
Team Name:	_____		
Team Colors:	Primary Color:		Alternate Color:
Bracket:	Girls <input type="checkbox"/>	Boys <input type="checkbox"/>	
Age Group:	U9 Intramural ONLY		
Head Coach:	_____		Asst Coach:
Coach Phone:	_____		Asst. Coach Phone:
Coach Email:	_____		Asst. Coach Email:

Terms & Conditions

- All teams will be responsible for their own insurance. In case of accident or injury to, from or during tournament, Hatboro-Horsham Soccer Club will not be liable.
- Please enclose your check for **\$225.00 per team** made payable to the **Hatboro-Horsham Soccer Club (HHSC)**.
- Please complete the Roster Form with every player's name and birth date return both with your application and tournament fee **by October 15, 2011**.
- Please complete the Player Release/Code of Conduct and Medical Release for each player and **bring both to registration** on November 13, 2011.
- In the event our tournament is cancelled due to inclement weather or other unforeseen circumstances that are not controlled by HHSC a **\$75 cancellation fee** will be assessed for administrative cost.
- Participation is limited to **8 Boys teams and 8 Girls teams** and based on first received, first registered basis.

The following information is needed by OCTOBER 15, 2011:

- Application**
- Roster with Birth dates**
- Check (payable to HHSC)**

Send completed information and check (payable to HHSC) to...

Hatboro-Horsham Soccer Club
PO Box 578, Hatboro, PA 19040

The following information is needed at Registration on November 13, 2011:

- Player's Signed Release and Code of Conduct**
- Player Signed Medical Release**

Applying Club Signatures:

Coach:

Date:

League/Division President:

Date:



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 Team Name: _____
 Team Colors: Primary Color: _____ Alternate Color: _____
 Bracket: Girls Boys
 Age Group: U9 Intramural ONLY

Roster with Birth Dates

	Player Name (Last Name, First Name)	Date of Birth (born after July 31 st , 2002)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		

**MUST BE RETURNED WITH APPLICATION AND
PAYMENT BY OCTOBER 15, 2011.**



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Club Name:

Team Name:

Player Name:

Date of Birth:

Release and Code of Conduct

RELEASE STATEMENT

I, the parent or guardian of the registered select player, a minor, agrees that I and the registrant will abide by the rules of the Hatboro-Horsham Soccer Club (HHSC) and the Eastern Pennsylvania Youth Soccer Association (EPYSA), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer, and in consideration for the HHSC and EPYSA accepting the registrant for its soccer program and associated activities (the "Program"), I hereby release, discharge and/or otherwise indemnify HHSC and EPYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Program against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from same, which transportation I hereby authorize.

HHSC PARENT/PLAYER CODE OF CONDUCT:

As a parent/player participating in the Hatboro-Horsham Soccer Club (HHSC) Select Tournament, I agree to adhere to the following as it relates to my child's participation in HHSC's soccer program:

- I will encourage good sportsmanship by providing positive support and encouragement for all Players, Coaches and Officials at all games, practices and other HHSC-sponsored events.
- I will make the emotional and physical well being of the child(ren) my primary concern at all times.
- I will be mindful that the game is for the children and not for the adults. I will do my very best to make soccer fun for all involved.
- Coaching decisions made during a game will be the responsibility of the coach(es) and I will respect their decisions; if I do not agree with a coaching or referee decision, I will refrain from vocalizing my concerns in front of any child.
- If a Coach, Official or HHSC Representative calls to my attention that my child is not treating coaches, players, officials, or other spectators with respect, I will counsel my child on his/her behavior and will, if necessary, explain that failure to correct such an attitude may result in removal from the game/practice and, if warranted, from future HHSC programs.
- I will do my best to provide assistance to my child's Coaches and/or Team Managers if requested.

I have read HHSC's Code of Conduct and understand that if I fail to abide by the Code of Conduct, I may be barred from attending youth soccer events sponsored by HHSC, in the sole discretion of the HHSC Board. I agree to hold the HHSC Board Members and Coaches harmless in their efforts to carry out the duties associated with the operation of the Club and its programs/events.

Signature:

Relationship:

Date:

**MUST BE PRESENTED AT TIME OF REGISTRATION
ON NOVEMBER 13, 2011.**



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Club Name: _____

Team Name: _____

Player Name: _____

Date of Birth: _____

Medical Release

Father: _____

Home Phone: _____

Work Phone: _____

Address _____

Town: _____

State: _____

Zip Code: _____

Mother: _____

Home Phone: _____

Work Phone: _____

Address _____

Town: _____

State: _____

Zip Code: _____

Emergency Contact: _____

Phone: _____

Player's Medical Allergies (e.g.: Penicillin, Etc.): _____

Player's Medical Condition (e.g.: Diabetes, Etc.): _____

Player's Prescribed Medication (presently in use): _____

In the event of accident, injury, sickness or illness, which may occur while my/our child is under the supervision of one or any of the persons listed below, and as the parent/legal guardian of the above named player, I/We hereby give consent for any and all emergency medical care and/or treatment by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my/our dependent.

In the event that I/we cannot be reached prior to treatment, the following are designated to act on my/our behalf:

- Coach, or
- Assistant Coach, or
- Team Parent, or
- A Club or League representative where my/our child is playing, or
- A Tournament Official in any Tournament in which my/our child is playing.

Medical Insurance Company: _____

Policy Number: _____

Secondary Medical Insurance Company: _____

Policy Number: _____

Family Doctor: _____

Phone Number: _____

Signature _____

Relationship: _____

Date: _____

**MUST BE PRESENTED AT TIME OF REGISTRATION
ON NOVEMBER 13, 2011.**