



# **HATBORO-HORSHAM SOCCER CLUB**



1977 – 2008

Celebrating Our 31<sup>st</sup> Year!

Member EPYSA, Intercounty League

P.O. Box 578, Hatboro, PA 19040 ♦ <http://www.hhsoccerclub.com>

## **SPRING 2008**

*The HHSC **spring soccer program** runs from early April through early June and provides players with an opportunity to practice and maintain their skills in a fun, low-key atmosphere. All spring soccer games are played Sunday afternoons*

**closed**

## **FALL 2008**

*The HHSC **fall soccer program** begins with practices in late August. The season runs from early September through mid November. Coaches focus on helping players learn and build new skills during practices and demonstrating those skills during games, which are played primarily Saturdays (some Sundays for older players).*

**Please complete and sign Player Registration Form below/opposite side**

### **HHSC PARENT/PLAYER CODE OF CONDUCT**

As a member of the Hatboro-Horsham Soccer Club (HHSC), I agree to adhere to the following as it relates to my child's participation in HHSC's soccer programs:

1. 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.
2. I will make the emotional and physical well being of the child(ren) my primary concern at all times.
3. 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.
4. 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.
5. 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.
6. I will do my best to provide assistance to my child's Coaches and/or Team Managers if requested.

### **HHSC PARENT VOLUNTEERS**

Parent volunteers are key to the successful operation of our soccer club. We strongly encourage all parents to participate by selecting a Parent Volunteer Activity listed on the registration form.

**\* Team Coaches/Ass't Coaches receive a \$30.00 refund at the end of the FALL season (One per Team)**

**\* Team Parents receive a \$15.00 refund at the end of the FALL season (One per Team)**

**2008 Player Registration Form**

**PLEASE PRINT CLEARLY**

**Select One:**

**Closed**  
Spring Intramural

**Closed**  
Spring & Fall Intramural

Fall Intramural

**Closed**  
Spring Travel

Fall Travel

**Player's Name:** \_\_\_\_\_ **New Player to Hatboro-Horsham SC? Yes**  **No**   
**Player's Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_\_ **Sex:** M  F   
**Mother's Name:** \_\_\_\_\_ **Father's Name:** \_\_\_\_\_  
**Home Phone #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Secondary Contact #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**E-mail Address:** \_\_\_\_\_ I approve receiving Club/Team info via e-mail: Yes  No   
**Family Doctor:** \_\_\_\_\_ **Doctor's Phone #:** \_\_\_\_\_  
**Medical Conditions/Special Needs:** \_\_\_\_\_

*(All Personal Information Provided Above Will Be Kept Confidential)*

**Parent Volunteer Activity**

*\* See cover page for refund benefits*

Team Coach (name: \_\_\_\_\_)  Asst. Coach (name: \_\_\_\_\_)  
 Referee (name: \_\_\_\_\_)  Team Parent (name: \_\_\_\_\_)

**2008 Intramural Program (Age as of 8/31/08 or Fall School Grade)**

**Player's Skill Level:**  Never Played  Limited Skills  Intermediate Skills  Advanced Skill  
**Player's Uniform Size:**  Yth Sm.  Yth Med.  Yth Lg.  Adult Sm.  Adult Med.  Adult Lg.

<b>Program (Check One)</b>	<b>Spring Only - Reg. Fee</b>	<b>Spring &amp; Fall - Reg. Fee</b>	<b>Fall Only - Reg. Fee</b>
<input type="checkbox"/> Under 6 (Ages 3 – 5)	<input type="checkbox"/> \$45	<input type="checkbox"/> \$70	<input type="checkbox"/> \$70
<input type="checkbox"/> Under 8 (Ages 6 – 7)	<input type="checkbox"/> \$45	<input type="checkbox"/> \$70	<input type="checkbox"/> \$70
<input type="checkbox"/> Under 10 (Ages 8 – 9)	<input type="checkbox"/> \$45	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75
<input type="checkbox"/> 5 <sup>th</sup> - 6 <sup>th</sup> Grade Players	<input type="checkbox"/> \$45	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75
<input type="checkbox"/> 7 <sup>th</sup> - 9 <sup>th</sup> Grade Players	<input type="checkbox"/> \$45	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75
<input type="checkbox"/> 10 <sup>th</sup> - 12 <sup>th</sup> Grade Players	<input type="checkbox"/> \$45	<input type="checkbox"/> \$105	<input type="checkbox"/> \$75
<b>PAYMENT:</b> <input type="checkbox"/> cash	<b>TOTAL</b>	<b>TOTAL</b>	<b>TOTAL</b>
<input type="checkbox"/> check (# _____)			

**2008 Travel Program (Ages 10 – 17)**

**Player's Age (as of August 1, 2008):** \_\_\_\_\_  Spring - Reg. Fee paid directly to Team Coach  
 Fall - Reg. Fee \$75  cash  check (ch. # \_\_\_\_\_)

**\* NO REFUNDS issued after 3/31/08 (spring) or after 7/31/08 (fall); \$10 late registration fee after 7/31/08**  
**\* \$5 late spring registration fee after 3/1/08; \$10 late registration fee after 7/31/08;**

**Release Statements**

*I, the parent or guardian of the registered player, a minor, or adult registrant of legal age, agree 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 "Programs"), 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 Programs 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.*

*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.*

**Mail Completed & Signed Registration Form to:**  
**HHSC, P.O. Box 578, Hatboro, PA 19040**

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date