

# HORNETS SOCCER 2008

**ELIGIBILITY:** All homeschoolers, boys and girls, grades 5 through 12, who are at least 10 by Sept. 1 are eligible to play. Depending on the number of players that sign up the players in grade 5 may play a limited schedule. Please make copies of the registration form and give to any students who may be interested in joining.

**PRACTICES:** The first practice will be held on Monday, August 18th at the North Strabane Field from 1-3 PM. Practices will be held every Monday, Wednesday and Friday from 1-3 at the North Strabane Field. The coach will determine the practice schedule times needed after the first two weeks of practice.

**WHAT TO BRING:** Each player should bring a ball, shin guards and a drink bottle. **For Safety reasons you will not be permitted to practice or play games without shin guards.**

**FEES:**

High School Players (Grades 9-12)	\$50.00
Middle School Players (Grades 5-8)	\$40.00

You may pay the fee all at once or half by the first practice (Aug. 18) and the final half by Sept. 15.

**VOLUNTEERS:** Help is always needed and appreciated. (See the form below.)

**UNIFORMS:** Black shorts & socks are the official color for both teams. We encourage all players to have soccer cleats. (These do not have a stud on the toe like baseball cleats)

**CONTACT:** Harry & Janice Sanders (724) 228-7786  
Chuck Shrump (724) 222-8806 (Head Coach)

**\*\*\* Please make sure you notify Chuck if you are unable to attend games or practices so he can prepare accordingly. Please also be respectful of the coach's decisions on the field. Any off the field concerns should be directed to Harry or Janice. Thanks! \*\*\***

(continued)

## HORNETS SOCCER REGISTRATION FORM

FAMILY NAME \_\_\_\_\_ FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

PLAYERS NAME

GRADE/ AGE

BIRTHDATE

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HEALTH INSURANCE CARRIER \_\_\_\_\_ POLICY # \_\_\_\_\_

SPECIAL HEALTH NEEDS \_\_\_\_\_

PARENTAL INVOLVEMENT: COACHING \_\_\_\_\_ PHONE TREE \_\_\_\_\_

CONCESSION STAND: \_\_\_\_\_ PROVIDER\* \_\_\_\_\_ COORDINATOR \_\_\_\_\_ WORKER\*

\*All families must participate in the *providing* and *working* of the concession stand as this money goes for the end of the year party and it lightens the burden for everyone.

I HEREBY REGISTER MY CHILD(REN) FOR  
HORNETS SOCCER AND RELEASE ALL COACHES,  
FIELD OWNERS, AND AUTHORITIES FROM ANY LIABILITY.

\_\_\_\_\_ (Parents signature)

PLEASE BRING THIS TO OUR FIRST PRACTICE OR RETURN THIS FORM TO:

Janice Sanders  
624 LeMoyne Ave. Ext.  
Washington, PA 15301

Make checks out to Janice Sanders.