



HULMEVILLE SOCCER CLUB

www.hulmevillesoccer.com

e-mail: hulmevillesoccer@hotmail.com

Date : _____

Amt : _____

Form : _____

2020 Fall Registration Form

Hulmeville Soccer Club is conducting registration for both intramural and travel teams for the Fall 2020 season. Registration is open to all boys 3-19 and girls ages 3-19.

Register in person, online or via mail:

- Walk-in Registration:
 - See website for details
 - Dick's Sporting Goods (Oxford Valley) TBD see website
 - Hoover Elementary School TBD
- **Online** by going to <https://www.hulmevillesoccer.org/register>
- By mail by sending form to: **HSC Registrar, 45 Mistletoe Lane, Levittown, PA 19054**

Registration Fees: \$100 for one child, \$175, for two children, \$250 for three or more children
\$75.00 per if registering only one, two or three children in U4 or U6 Program

Fees are due at the time of registration. Make all checks payable to: **Hulmeville Soccer Club**. There will be a \$30.00 fee for all returned checks. All registration forms must be postmarked 1 week before the first game (check website for start date) and processed based upon availability.

All refund requests must be submitted via email by parent/guardian before the start of the season and player must return all uniform items.

Any player that did not play in the Fall 2019 season or who moves up to a new division will be placed in the draft or randomly assigned. Check our website for draft day information and our FAQ.

<u>Divisions</u>	<u>Age Range</u>	<u>Born on or After</u>	<u>Born on or Before</u>
Instructional Program (Coed)			
U 4	3	1/1/2017	12/31/2018
U 6	4 – 5	1/1/2015	12/31/2016
Boys In-House			
U 8	6 – 7	1/1/2013	12/31/2014
U 10	8 – 9	1/1/2011	12/31/2012
U 14	10 – 13	1/1/2007	12/31/2010
U 19	14 – 18	1/1/2002	12/31/2006
Girls In-House			
U 8	6 – 7	1/1/2013	12/31/2014
U 10	8 – 9	1/1/2011	12/31/2012
U 14	10 – 13	1/1/2007	12/31/2010
U 19	14 – 18	1/1/2002	12/31/2006

All ages are as of birth date on or before January 1, 2020.

Photocopy of birth certificate for first time registrants is required.

For additional information e-mail hulmevillesoccer@hotmail.com or see our FAQ on our website.

You can register by mail by using the form on the other side of this flyer.

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PLEASE PRINT:

Parent(s)/Guardian(s) Full Name _____

Check if New Contact Information

Address _____

City _____ State _____ Zip Code _____

Tel. No. _____ Cell No. _____

E-Mail _____

If interested in coaching, please indicate below

Head Coach _____ Asst. Coach _____

1st Child: Player's Name: _____ Sex: M F
Date of Birth _____ (Circle One): Travel In House Amount \$ _____

2nd Child: Player's Name: _____ Sex: M F
Date of Birth _____ (Circle One): Travel In House Amount \$ _____

3rd Child: Player's Name: _____ Sex: M F
Date of Birth _____ (Circle One): Travel In House Amount \$ _____

Add \$100 for each player registering for a travel team _____ x \$100 = \$ _____

If registering 1 week before the first game (check website) add Late Fee \$30 \$ _____

Total amount you paid for Spring players Spring 2019 credit \$ _____

Total Amount Due: \$ _____

Photocopy of birth certificate for first time registrants is required.

HSC/EPYSA RELEASE STATEMENT

I, the parent/guardian of the registrant, a minor or adult registrant of legal age, agree that the registrant and I will abide by the rules of the Hulmeville Soccer Club (HSC) and the EPYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with Soccer and in consideration for the HSC and EPYSA accepting the registrant for its Soccer programs and activities, I hereby give my permission to have any and all emergency medical attention and/or treatment which may be necessary to be administered to my child while participating in any HSC / EPYSA event. I hereby release, discharge and / or otherwise indemnify the HSC 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 programs, emergency medical attention, treatment and / or being transported to or from the same, which transportation I hereby authorize.

Parent or Guardian

Signature _____ Date _____

The sole purpose of distributing this flyer is to provide information to the community. The Neshaminy school district and surrounding school districts do not endorse, or sanction the events/activities listed in this flyer. Parents/guardians are urged to thoroughly research any organization providing such information before making a decision to participate.

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