



# HULMEVILLE SOCCER CLUB

[www.hulmevillesoccer.com](http://www.hulmevillesoccer.com)

e-mail: [hulmevillesoccer@hotmail.com](mailto:hulmevillesoccer@hotmail.com)



## 2017 Fall Registration Form

Hulmeville Soccer Club is conducting registration for both intramural and travel teams for the Fall 2017 season. Registration is open to all boys 3-18 and girls ages 3-18.

Register in person, online, or via mail:

- **Walk-in** Registration in the blue shed at Herbert Hoover Elementary School on Trenton Road:
  - Saturday May 20<sup>th</sup> and May 27<sup>th</sup> between 10:00am – 2:00pm Herbert Hoover Elementary
  - Dick's Sporting Goods (Oxford Valley) June 17<sup>th</sup> 10:00am – 2:00pm
- **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, \$230 for three or more children  
\$75.00 per if registering only one or two 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. Any registrations postmarked after June 17<sup>th</sup> will be assessed a non-refundable \$30.00 late fee and processed based upon availability.

**All refund requests must be submitted via email by parent/guardian before August 10, 2017  
And player must return all uniform items.**

Any player that did not play in the Fall 2016 season or who moves up to a new division will be placed in the draft. 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	2 – 3	1/1/2014	08/30/15
U 6	4 – 5	1/1/2012	12/31/13
Boys In-House			
U 8	6 – 7	1/1/2010	12/31/11
U 10	8 – 9	1/1/2008	12/31/09
U 14	10 – 13	1/1/2004	12/31/07
U 19	14 – 18	1/1/1999	12/31/03
Girls In-House			
U 8	6 – 7	1/1/2010	12/31/11
U 10	8 – 9	1/1/2008	12/31/09
U 14	10 – 13	1/1/2004	12/31/07
U 19	14 – 18	1/1/1999	12/31/03

All ages are as of birth date on or before January 1, 2017.

**Photocopy of birth certificate for first time registrants is required.**

For additional information e-mail [info@hulmevillesoccer.org](mailto:info@hulmevillesoccer.org) or see our FAQ on our website.

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

**All registration forms must be postmarked by June 17, 2017. Registrations postmarked after June 17<sup>th</sup> will be assessed a \$30 fee and processed based upon availability.**



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## 2017 Fall Registration Form

**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 \_\_\_\_\_

**1<sup>st</sup> Child:** Player's Name: \_\_\_\_\_ Sex: M F  
 Date of Birth \_\_\_\_\_ (Circle One): Travel In House Amount \$ \_\_\_\_\_

**2<sup>nd</sup> Child:** Player's Name: \_\_\_\_\_ Sex: M F  
 Date of Birth \_\_\_\_\_ (Circle One): Travel In House Amount \$ \_\_\_\_\_

**3<sup>rd</sup> Child:** Player's Name: \_\_\_\_\_ Sex: M F  
 Date of Birth \_\_\_\_\_ (Circle One): Travel In House Amount \$ \_\_\_\_\_

Add \$75 for each player registering for a travel team \_\_\_\_\_ x \$75 = \$ \_\_\_\_\_

If registering after June 17<sup>th</sup> 2017 add Late Fee \$30 \$ \_\_\_\_\_

Total Amount Due: \$ \_\_\_\_\_

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**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. This school district does 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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