



Brandon Township Parks & Recreation

Youth Soccer Registration Form

395 Mill Street, P.O. Box 929, Ortonville, MI 48462
Phone 248-627-4640 Fax 248-627-6560 www.brandontownship.us



Cancellations.com for program updates and cancellations

For Office Use Only Updated 11/15/2016

Ck. # _____ Amt.\$ _____

Date _____ Initials _____

2017 SPRING SOCCER

Registration Deadline is March 31st!!!

We accept cash or check only. All fees due at time of registration.
BGYA scholarships available for qualified households.
Small sided soccer rules can be found at suyouthsoccer.org

U6 & U8 Cost is \$60/\$70 Non Resident
U10 & U12 Cost is \$70/\$80 Non Resident

A \$20 late fee will be charged to each registration received after the deadline if openings remain.

\$5 discount given on each child when enrolling multiple participants in the Soccer program from the same family and household.

Head coaches will receive a \$20 refund check from child's registration at the end of the season.
Mandatory Coaches meeting 6:00pm Tuesday, April 11th



PLAYER INFORMATION

Name _____

Address _____
Street City Zip

Residency: Brandon Groveland Other

Date of Birth _____ Circle Gender: Male Female

Medical Conditions _____

Year Born: 2011(U6) 2010 (U8A) 2009 (U8B)
2008 (U10A) 2007 (U10B) 2006 (U12A) 2005 (U12B)

Number of seasons previously played _____

Shirt Size Circle size: YS YM YL AS AM AL
Short Size Circle size: YS YM YL AS AM AL

PARENT/GUARDIAN INFORMATION

Name _____ Cell Phone _____

Alternate Phone _____ E-mail _____

Are you interested in
Coaching Assistant Coaching Sponsoring

If coaching or assistant coaching, please list your shirt size: _____

Waiver: I grant permission for Brandon Township Parks and Recreation to publish my child's name and or photo in the local newspaper, cable TV, internet, and any future publications for Brandon township Parks and recreation. I agree that neither Brandon Township, Brandon Township Parks and Recreation nor employees/volunteers are associated therewith may be held liable for injuries or losses sustained by the above-named participant/participant's family pertaining to involvement with the above- mentioned program for which the participant is registered. My signature waives the right to seek damages for any such injury or loss and indicates agreement with the following refund policy parameters.

Refunds: Registration fees for team programming become nonrefundable after registration deadline.

Signature: _____ Relation to participant: _____

SOCCER PRACTICES ARE SCHEDULED PRIMARILY ON TUESDAYS AND THURSDAYS STARTING APRIL 18th. GAMES ARE SCHEDULED PRIMARILY ON SATURDAYS. PRACTICES AND GAMES ARE HELD AT THE BRANDON TOWNSHIP COMMUNITY PARK (1414 N HADLEY RD). SHIN GAURDS ARE REQUIRED AND MUST BE PURCHASED SEPARATELY, SOCCER CLEATS ARE RECOMMENDED.

