



Brandon Township Parks & Recreation

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



For Office Use Only

Ck. # _____ Amt. \$ _____

Date _____ Initials _____

PARKS & RECREATION

Cancellations.com for program updates and cancellations

2019 SPRING SOCCER

**Registration Deadline is Friday,
March 22nd 2019!!!**

**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 this Soccer program from the same family and household.

Head coaches will receive a full refund for child's registration at the end of the season.

Mandatory Coaches meeting Tuesday, April 9th 6:00pm



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 usyouthsoccer.org

PLAYER INFORMATION

Name _____

Address _____
Street City Zip

Residency: Brandon Groveland Other

Medical Conditions _____

Gender: M F Date of Birth _____

League Placement (year of birth):
U6 (2013) U8 (2012/2011) U10 (2010/2009) U12 (2008/2007)

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 _____

We need volunteers to make this program possible. 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 START APRIL 23rd. TEAMS MEET TWICE PER WEEK. PRACTICES AND GAMES ARE HELD AT THE BRANDON TOWNSHIP COMMUNITY PARK (1414 N HADLEY RD) ON TUESDAYS, THURSDAYS, AND/OR SATURDAYS. SHIN GAURDS ARE REQUIRED AND MUST BE PURCHASED SEPARATELY, SOCCER CLEATS ARE HIGHLY RECOMMENDED.