

EASTERN PENNSYLVANIA YOUTH SOCCER ASSOCIATION
HAMPDEN - MIDDLESEX - MONROE - SILVER SPRING TOWNSHIP YOUTH SOCCER ASSOCIATION (HMMS)
U06 TO U08 PLAYER REGISTRATION FORM - FALL 2009 / SPRING 2010

LEVEL OF PLAY DESIRED: **INTERESTED IN COACHING THIS AGE GROUP?** **'09-'10 AGE GROUP** _____
 REC. – INTRAMURAL HEAD COACH; FATHER OR MOTHER
 TOPS PLAYER ASSISTANT COACH; FATHER OR MOTHER **'09-'10 SCHOOL GRADE** _____
 TOPS VOLUNTEER; FATHER, MOTHER

HMMS PLAYER ID NUMBER _____ LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ BIRTH DATE (MM/DD/YY) _____ SEX _____ AGE AS OF 7/31/09 _____ TOWNSHIP _____ SCHOOL _____

FATHER: _____
NAME _____ CELL PHONE _____ HOME PHONE (IF DIFFERENT) _____

MOTHER: _____
NAME _____ CELL PHONE _____ HOME PHONE (IF DIFFERENT) _____

EMAIL ADDRESS: _____

Number of years soccer experience: _____

Housing Development: _____

<u>HMMS USE ONLY</u>		_____ of _____
Fee - \$95 1 st , \$90 each additional child	_____	_____
U06 Fee - \$65	_____	_____
Non-resident Fee - \$10	_____	_____
Late fee - U06 \$10; U07/U08 \$25 after 4/10/09	_____	_____
Check # _____	Total _____	_____
Initials _____	Entered in DB _____	_____

A \$20.00 processing fee will be retained for players withdrawing prior to 6/1/09. There will be **NO REFUNDS AFTER 5/31/09.**

RELEASE STATEMENT

NOTE: THE STATEMENT SHOULD BE SIGNED BY PARENT/GUARDIAN FOR MINOR PLAYER; AN ADULT PLAYER FOR HIM/HERSELF. I, the parent/guardian of the Registrant, a minor, or adult Registrant of legal age, agree that I and the Registrant will abide by the rules of the EPYSA and HMMS, their affiliated organizations, and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the EPYSA and HMMS accepting the Registrant for their soccer programs, activities, and tournaments (the "Programs"), I hereby release, discharge and/or otherwise indemnify the EPYSA and HMMS, their affiliated organizations, sponsors, employees, officers, directors, and associated personnel, including the owners of the fields and facilities utilized for the Programs and the drivers who provide transportation for the Programs, against any claim by or on behalf of the Registrant or brought by any third party as a result of injury to the Registrant, as a result of the Registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. I further certify that my son or daughter has my permission to participate in the Programs and that he/she is covered by personal health/accident insurance. Additionally, I hereby give permission for any and all medical attention necessary to be administered to the Registrant in the event of an accident, injury, sickness, etc. under the direction of the Registrant's coach or assistant coach, until such time as I may be contacted. I hereby release, discharge and otherwise indemnify EPYSA and HMMS, their employees, officers, directors, and associated personnel, for any medical attention or treatment provided to the Registrant by them, any claim against them for reasonable medical treatments which they have authorized, and any claim against them for the failure to provide medical care. I also hereby assume the responsibility for the payment of all such medical treatment.

PARENT/GUARDIAN: _____ DATE: _____

MEDICAL INFO: _____
Please note any physical or psychological limitations or exceptions the player may have, which the coach should be aware of.

INSURANCE: _____
COMPANY _____ POLICY NUMBER _____

IN CASE OF EMERGENCY, IF THE PARENT(S)/GUARDIAN(S) ARE NOT AVAILABLE, CONTACT:
NAME: _____ PHONE: _____

HMMS YOUTH SOCCER ASSOCIATION
6206 Wallingford Way, Mechanicsburg, PA 17050-7371
HMMS HOTLINE (717) 763-0788 or www.hmms-soccer.org

HMMS YOUTH SOCCER ASSOCIATION CLUB POLICIES

This registration is for Fall 2009 **and** Spring 2010. Registrants only wishing to play in Spring 2010 should wait and register at the "SPRING ONLY" table at our first walk-in registration in February 2010.

HMMS Soccer Parents:

The HMMS Youth Soccer Association is a private club. As an affiliated player, parent or coach, we are all expected to follow the rules and policies of our organization.

Our goal is to provide a quality soccer program for the youth of our community, at the recreational and competitive team level. The HMMS Board of Directors is responsible for adopting policies that will serve the club and its members as a whole. Listed below are some of the major guidelines that define the spirit of our organization. Please take the time to review these policies/guidelines, and then sign where indicated. Your signature verifies your commitment to abide by these policies. **This form must be signed in order to register your child (children) as a player with HMMS Soccer.**

1. HMMS policy states that players U-07 and older must play on a team of their own gender.
2. HMMS Travel team tryouts are open to residents and nonresidents of Hampden, Middlesex, Monroe, and Silver Spring Townships. To try out for an HMMS Travel team, a player must be registered with HMMS. Non-residents must pay a \$10 non-resident fee. Players trying out for the EAGLE FC Premier program do not need to register with HMMS in advance; however, a release needs to be completed by a parent, and a \$10 tryout fee will be collected at the time of tryouts. Please note there is no refund if you try out and do not make a travel/EFC team.
3. Youth who are eligible to try out for a U-12, U-13 or U-14 HMMS Travel team may play on a team 1-year-older (play up), under the limited circumstances noted below. Youth who are eligible to try out for a U-15 or older HMMS Travel team may play up without limitations, under the circumstances noted below.
 - A. Playing up is permitted when a player scores in the top 50% of the participants who try out for the top team in each age group.
 - B. Those wishing to play up must attend the try out for their appropriate age group, as well as the try out for the age group in which they wish to play up.
4. A player holding a Travel/EFC player pass (primary or secondary) is not eligible to play on an HMMS Recreational team. If permitted by a tournament, an HMMS Rec./Intramural player may play on a Travel team as a guest player at a tournament with approval of the HMMS Age Group Coordinator.
5. HMMS discourages HMMS players from playing as a secondary or guest player with another club when that team is playing against an HMMS team.
HMMS discourages the secondary rostering of a player who is primary rostered with another club.
HMMS encourages HMMS Travel and EFC teams to use HMMS players for secondary roster or guest play.

I hereby agree to adhere to the policies of the HMMS Soccer Club:

Signature of parent/guardian

Date

REGISTRATION FEES

\$95.00	1 st player in family
\$90.00	each additional player in family
\$65.00	U06 age group
\$ 5.00	surcharge for U15 and older
\$10.00	non-refundable Travel/Eagle FC try-out
\$10.00	non-resident fee
\$25.00	late fee for registrations received after 4/10/09 (\$10 for U06 age group)

REFUND POLICY

A \$20.00 processing fee will be retained for players withdrawing prior to 6/1/09. There will be **NO REFUNDS AFTER 5/31/09.**

VOLUNTEER FORM

*** HMMS requests that ONE Volunteer Form be completed per family. ***

PLAYER(S) NAME(S): _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

E-MAIL: _____ PHONE: _____

HMMS is a volunteer organization and its success depends upon the efforts of those that volunteer. Information from this completed Volunteer Form will be entered in the HMMS database and utilized as volunteers are needed. Please read through this list of volunteer activities and select the one(s) that best suit(s) your interests, abilities, and availability.

Please indicate your willingness to help by writing either "F" for father, "M" for mother, or "P" for player on the line before the selected activity. Please consider volunteering for more than one activity as some activities require only a few volunteers while others require many.

COACHING: HMMS encourages parents with no prior experience to join the ranks of our coaches. You provide the interest; we'll provide the training!

____ (01) **Head Coach.** Please note the following:

Age Group(s) in which you would like to coach _____

Name of child(ren) you would like to coach _____

Coaching License, if any _____

Coaching experience, if any _____

Playing experience, if any _____

____ (02) **Assistant Coach.** Please note the following:

Age Group(s) in which you would like to coach _____

Name of child(ren) you would like to coach _____

Coaching License, if any _____

Coaching experience, if any _____

Playing experience, if any _____

TOPS (The Outreach Program for Soccer) – training and team program for young athletes with special needs:

____ (03) **Coach.** Assist in organizing training sessions.

____ (04) **Mentor (age 12 and up).** Serve as a "buddy" during training sessions.

REFEREE:

____ (05) **Referee.** (Please check only if you are presently a certified referee.)

Age, if under 21 _____ Number of year's experience as a certified referee _____

BOARD MEMBERS AND SUPPORT STAFF:

____ (06) **Volunteer Coordinator(s).** Coordinate volunteer recruitment and deployment. This is a Board position that involves working with other Board members and support staff to identify upcoming activities requiring volunteer support, recruiting volunteers through the database and referrals, assigning volunteers to the activities identified, and monitoring the process. We need to make sure that HMMS is involving as many volunteers as possible to ease the workload and develop new leadership.

____ (07) **Under-6 Coordinator.** Responsible for the U-6 or "half-pint" program, including coach selection, team formation, practice and game scheduling. Time commitment of 2 hours per week.

____ (08) **Age Group Coordinator.** Responsible for all aspects of the travel and recreational program at a specific age group, i.e., U-08 Girls, U-08 Boys, U-10 Girls, U-10 Boys, U-12 Girls, U-12 Boys, U-14 Girls, U-14 Boys, U-16 Girls and U-16 Boys. Specific responsibilities include assisting with coach selection, team formation, practice scheduling, game scheduling (rec./intramural) and Board participation. Time commitment of 2 hours per week.

___ (09) **Under-8 Referee Coordinator**. Schedule referees to officiate all Under-8 games. Time commitment of 1 hour per week during season.

FIELDS:

___ (10) **Site Coordinator**. Responsible for 2 - 4 fields at one location. Supervise field installation, assess ongoing equipment needs, and monitor condition of fields. Prior experience is not necessary. Time commitment estimated at 10 - 15 hours prior to the season and 1 hour per week after the start of the season.

Fields Volunteers. We need many general volunteers who are willing to do one or more of the following:

___ (11) Assist in the layout of one field once/year; one time commitment of 2 - 3 hours;

___ (12) Assist in transporting goals once/year; one time commitment of 2 - 3 hours;

___ (13) Line a field once/week for one month; total time commitment of 3 - 4 hours.

___ (14) **Equipment Coordinator**. Pickup, deliver and track nets, fasteners, sandbags/anchors and field paint; store and track field layout equipment; coordinate installation and removal of goals; pickup, store, deliver and track balls and playing equipment. Time commitment of 10 hours prior to season and 2 hours per month in season.

REGISTRATION:

___ (15) **Walk-in Registration Assistant**. Help with one, part of one, or both of our walk-in registrations held in February. Time commitment is flexible; whatever time you are available.

___ (16) **Hotline Assistant**. Retrieve and respond to phone messages from the Registrar's voice-mailbox. Time commitment of 1 - 2 hours per week in spring and early summer when calls/messages are heaviest; commitment gradually diminishes as the playing season approaches.

COMMUNICATION / INFORMATION:

___ (17) **Township Rec. Board Representative**. Attend your township's Recreation Board meetings and keep HMMS apprised of discussions or actions that may affect HMMS. Time commitment of 1 - 2 hours per month, although it may not be necessary to attend every meeting.

GIRLS MEMORIAL DAY WEEKEND TOURNAMENT:

___ (18) **Site Coordinator**. Supervision of a site consisting of 2 - 4 fields. Some experience or training required.

___ (19) **Field Marshall**. No experience required. Indicate Saturday or Sunday, AM or PM.

___ (20) **Field Preparation**. No experience required. Time commitment approximately 3 hours.

___ (21) **Ball Runner**. Players only. Retrieve balls and run scores from field to scorer's table after each game.

FRIENDSHIP RECREATIONAL TOURNAMENT (OCTOBER):

Note: The Friendship Tournament has suffered from lack of interest for the past few years, both in participation and volunteerism. HMMS cannot continue to offer this recreational tournament without significantly more support from parents and coaches of recreational players.

___ (22) **Tournament Director**. One or more people are needed to organize and administer all aspects of the tournament. Assistance and advice will be provided by past Directors.

___ (23) **Site Coordinator**. Overall supervision of a site consisting of 2 - 4 fields, on average. Training provided.

___ (24) **Field Marshall**. No experience required.

GOLF TOURNAMENT COMMITTEE:

___ (25) **Tournament Director**. Oversee all aspects of the annual HMMS Golf Tournament; organizing event, contacting sponsors, ordering trophies and supplies, working on the day of the tournament.

___ (26) **Assistant Director**. Assist with the preparation of the annual HMMS Golf Tournament; help with contacting sponsors, organizing event, ordering trophies and supplies, working on the day of the tournament.