

HARRISON SOCCER CLUB
SPRING 2010 TRAVEL
TEAM REGISTRATION



www.harrisonsoccerclub.org

Registration for Spring 2010 Travel can only be done by completing this form and turning it into your Fall coach with a check for \$40 made out to Harrison Soccer Club **by October 22, 2009.**

ELIGIBILITY:

- U11, U12, U13 and U14 travel aged players that were a member of a HSC travel team in the Fall of 2009.
- U10 HSC Recreation League players that participated in the Fall of 2009 and have a birth date between 8/1/99 and 7/31/00 OR are presently in the **FOURTH** grade and have a birth date between 8/1/00 and 9/30/00.
- This is NOT an open registration. Non-member players will only be added based upon need once ALL returning Fall players have been placed.

2010 SPRING TRAVEL FEE \$40.00 per player up to \$120 per family. Note checks will not be deposited by the club until it is clear that we have a sufficient number of players to form a team at your child's age group.

REGISTRATION DUE BY October 22, 2009 – Late registrants will be placed on a waiting list.

IMPORTANT!!!! Due to New Jersey Youth Soccer rules our ability to form Spring travel teams is based largely on the number of returning players to each team from the previous Fall. Teams cannot be disbanded and then reformed for the Spring. In the event that we do not have enough registered players to form a team we will do our best to move kids to other teams within the club. However, the transfer of players from one team to another within the club is also limited by the state. So, in the event that we cannot place your child within the club due to a lack of interest, we will return your check.

For U10 Spring Travel, our ability to form teams is based on the number of interested players versus the number spots allowed by the state per team (14). So, the number of teams will be dictated by the number of interested players and the number of licensed (New Jersey Youth "F" License required) coaches available to coach these teams.

Players Name: _____ Date of Birth: _____

Parent or Guardian: _____ Signature: _____

Phone: _____ Players Coach Fall 2009: _____

I would like to volunteer as a: Coach (), Assistant Coach (), Booster Club ()