



2022 Schroeppel Youth Soccer League

Office Use On	ly:
Date Paid:	
Amount Paid: _	
Cash	Check#
Online Registrat	tion
Res	Non Res
Late Fee	
Additional Note	s

69 C. Rt. 57A, Phoenix, NY 13135

315-695-2801 * hknipp@townofschroeppel.com

My Buddy & Me (Ages 4) \$35 * Non-Resident \$40 Ages 5 – 13 \$40 * Non-Resident \$45

Register Online at townofschroeppel.com (Community Services Dept.)

REGISTER BY JUNE 3, 2022 FOR *\$5 EARLY BIRD DISCOUNT!****REGISTRATION DEADLINE JUNE 24, 2022***

Soccer will start Tuesday July 12th and run through August 11th.



My Buddy & Me – Child and Adult play together! Sports Skills, agility, and social development incorporating "parent" involvement for Age 4 by June 1st

Tuesday Nights Only from 6 – 6:45 PM.

<u>U7 and U10</u> will have practice on Tuesday and games on Thursday 5:45 – 6:45PM @ Farley Comm Park

<u>U13</u> will have practice on Tuesday and games on Thursday 7:00 - 8:00 PM @ Michael A Maroun

Elementary School Soccer Field, 11 Elm St. Phoenix, NY

Player Information:					
First Name:		Last Name:			MorF
Address:		City:		_Zip:	
Town of Schroeppel Re	sident: Yes or No	Best Co	ntact#:		
Birthdate:	Height:	Weight:			
Grade completed as of	June 2022:	School	ol:		
*Please check player le	evel.				
□ Му В	uddy & Me (Age 4)				
□ U7 (<i>/</i>	Age 7 and under)				
□ U10	(Age 10 and under)				
□ U13	(Age 13 and under)				
Please list previous so	ccer experience:				
Approximate Youth Shi	rt Size, Please circle on	e:			
YXS YS	S YM YL AS AM	AL AXL	AXXL		
My Buddy & Me (only) A	Adult Shirt Size, Please	circle one:			
AS A	M AL AXL AXX	L			

Phone Number: Relation: Phone Number: Email: Email: Phone Number: Email: Email: Phone Number: Relation: Phone Number: Phone Number: Phone Number: Phone Number: Phone Phone: P	Relation:	re:	
Emergency Contact: Name:	mber:Email:	re Number: Relation: Rel	
Emergency Contact: Name: Relation: Phone Number: Doctor to notify in case of emergency: Phone: Hospital preference, if any: ***CONSENT FOR MEDICAL TREATMENT OF A MINOR*** I understand that there is no accident or injury insurance coverage for injuries incurred in this prograve permission for my child to participate in the Community Services Youth Soccer Program. I here give my consent for all medical care prescribed by a licensed Doctor of Medicine for (child's name) as his/her parent or legal guardian. This care may be given unwhatever conditions are necessary to the life, limb, or well-being of my dependent.	Relation: Relation: Phone: Phone	regency Contact: e:	
Name:	Relation: Materia	re:	
Phone Number: Phone:	to notify in case of emergency:	tor to notify in case of emergency:	
Doctor to notify in case of emergency: Phone: Hospital preference, if any: ***CONSENT FOR MEDICAL TREATMENT OF A MINOR*** I understand that there is no accident or injury insurance coverage for injuries incurred in this progregive permission for my child to participate in the Community Services Youth Soccer Program. I here give my consent for all medical care prescribed by a licensed Doctor of Medicine for (child's name) as his/her parent or legal guardian. This care may be given unwhatever conditions are necessary to the life, limb, or well-being of my dependent.	preference, if any:	tor to notify in case of emergency:	
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