



Instructional league

6 week schedule

Saturday morning games

@Roberts Park 455 S Miller Rd

Shin guards required

Games start September 15th

Volunteer Coaches Needed

Thomas Twp Resident **\$45**

Non-Resident **\$50**

Cash/Check only in office

(Checks payable to Thomas
Township General Fund)

Online at www.thomastwp.org:



5 CO-ED Divisions

(kids assigned by grade)

1. Y 5's (minimum age 4 1/2)
2. K-1st
3. 2nd-3rd
4. 4th-5th
5. 6th-7th-8th

**4th-8th grade teams assigned by Parks &
Recreation Sports Committee**

****Age/Grade divisions subject to
change based on enrollment****

Registration Deadline: August 17th

A \$10 late fee will be charged after this date

Till registration **CLOSES August 24th**

Information: 781-0151

Parks@thomastwp.org

Register at Thomas Twp.
249 N Miller Road
Saginaw, MI 48609

Thomas Township Parks & Recreation

2018 Fall SOCCER

Return registration form, along with payment, to 249 N. Miller Rd., Saginaw 48609

Player's Name _____

Address _____

City _____ Zip Code _____

Township _____

Phone _____ E Mail _____

Please provide email. It's our primary method of contact.

School _____ Grade _____ Age _____

Parents' Names _____

My child is: Boy Girl

Circle T shirt size: youth youth youth adult adult adult adult
 small med large small med large x large
 6-8 10-12 14-16

Circle Division: Y5's K-1st 2nd-3rd 4th-5th 6th-7th-8th
(grade) co-ed co-ed co-ed co-ed co-ed
 (4 1/2yrs+)

Age/grade divisions subject to change based on enrollment

kids are placed in Division based on their grade for the 2018-2019 school year

Circle: **Resident \$45** **Non-Resident \$50**

(Checks payable to Thomas Township General Fund)

Registration Deadline - August 17th (\$10 late fee after this date till 8/24/2018)

Registration Closes August 24th

We do our best to honor requests but we DO NOT guarantee them. Volunteer Coaches determine their teams practice times. Therefore, we CANNOT guarantee requests regarding practice schedules. Older divisions (4th-5th-6th-7th gr) can only honor requests between siblings.

My signature on this form verifies that I understand Thomas Township, its employees and volunteers, shall not be responsible for any injury to my child while participating in this soccer program. I waive and release Thomas Township from any and all claims.

Parent/Guardian signature

Date

Volunteer coach: _____

Coach's Phone _____ Shirt Size: _____