

# FALL YOUTH SOCCER LEAGUE

Thomas Township Parks & Recreation

# 2022



Saturday morning games @

Roberts Park 455 S Miller Rd

GAMES START 9/10/22

Registration Deadline: 8/12/2022

(A \$15 late fee will be charged after this date)

Registration CLOSES 8/19/2022



## 4 CO-ED Grade Divisions

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

## Cash/Check only in office

Checks payable to Thomas Township General Fund

Thomas Twp Resident  
\$50

Non-Resident \$55

Or register online with  
credit card at  
[www.thomastwp.org](http://www.thomastwp.org)

Information: (989)781-0151

[Park2@thomastwp.org](mailto:Park2@thomastwp.org)



## FALL 2022 YOUTH SOCCER REGISTRATION FORM

Player's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Township: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Primary Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Parents Names: \_\_\_\_\_

**Circle:** Resident \$50    Non-Resident \$55

**Circle Shirt Size:** YS / YM / YL / S / M / L / XL

**Circle Division:** Y5's / K-1 / 2-3 / 4-6

\*\*\*Office Use Only\*\*\*

Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Check Number: \_\_\_\_\_

Received By: \_\_\_\_\_

\*Age/grade divisions subject to change based on enrollment\*

\*kids are placed in Division based on their grade for the 2022-2023 school year\*

(Checks payable to **Thomas Township General Fund**)

Registration **Deadline** - **8/12** (\$15 late fee after this date till 8/19)

Registration **Closes** 8/19

**Thomas Twp. Parks & Recreation**

**249 N Miller Road Saginaw, MI 48609**

**Office: 989-781-0151**

**Email: park2@thomastwp.org**

**Website: www.thomastwp.org**

**WE CANNOT GUARANTEE REQUESTS. Volunteer Coaches determine their teams practice times. Therefore, WE CANNOT honor requests regarding practice schedules.**

*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 Name : \_\_\_\_\_

Coach's Phone \_\_\_\_\_ Shirt Size: \_\_\_\_\_