

# ADULT SPORTS PROGRAMS

## SPRING 2012 SOCCER

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- LEAGUES:** Coed 5 on 5 coed soccer league
- LOCATION:** Hockessin Athletics Club
- PARTICIPANTS:** Must be members in good standing of the Hockessin Athletic Club and at least 18 years of age. If not members of the Hockessin Athletic Club you must receive approval from league Coordinator Dave Mulvena
- ENTRY FEE:** Member Registration - \$60 (Includes team shirts)  
Non Member Registration - \$75 (Includes team shirts)
- REGISTRATION:** Starts February 1<sup>st</sup>. Registrations are accepted on a first-come first served basis. Registrations **must** be turned in to Dave Mulvena or the front desk. Players may register a full team, partial team or register as an individual and be pace on a team.
- DEADLINE:** March 20<sup>th</sup> (\$10 late fee after 3/20/12)
- SEASON:** The season will begin April 14<sup>th</sup> (No games Easter weekend or Memorial day weekend).
- GAMEDAY:** Games will be played Saturdays after 4pm and could go as late as 9:00pm.
- MEETING:** The draft/meeting will take place on Wednesday, March 21<sup>st</sup> at 6:30pm. At the Hockessin Athletic Club All participants are welcomed to attend.

### FOR FURTHER INFO:

Contact further information, please contact:  
Dave Mulvena, Sports Manager  
(302) 239-6688  
[dmulvena@hachealthclub.com](mailto:dmulvena@hachealthclub.com)





## ADULT SOCCER REGISTRATION FORM

PLEASE PRINT CLEARLY AND NEATLY!

For more information contact Dave Mulvena at (302) 239-6688 ext. 160  
Email: [dmulvena@hachealthclub.com](mailto:dmulvena@hachealthclub.com) Website: [www.hachealthclub.com](http://www.hachealthclub.com)

### INDIVIDUAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Club Status:    Member            Non Member

Experience (please circle):            Never Played Organized Soccer

   Played High School Soccer

   Played College Soccer

Play in HAC pickup soccer on Monday and Wednesday:    YES                            NO

Player(s) request: \_\_\_\_\_

### BILLING INFORMATION

(\$10 Late fee after 3/20/2013)

Date: \_\_\_\_\_

#### PAYMENT

Charge my card on file

Charge my club bucks

Check

Cash

Card Number:

\_\_\_\_\_

Exp. Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Signature: \_\_\_\_\_

I authorize the above charge(s) and agree to pay the total amount according to card issuer agreement.

# ADULT WAIVER

I, the undersigned, do hereby agree to participate in the recreation program(s) indicated.

SOCCER

BASKETBALL

I acknowledge that I am voluntarily choosing to participate in one or more organized sport activities of the Hockessin Athletic Club. I understand certain risks are inherent in the Hockessin Athletic Club recreational programs and can present circumstances that place the participant at some risk of injury. I understand and agree that I am entering into the Hockessin Athletic Club adult sports program at my own risk and waive any claim of any kind whatsoever, whether resulting from an injury or otherwise. Moreover, I agree to release, indemnify and hold its directors, officers, employees, agents, and volunteers harmless from any and all liability as a result of my participation in their Sports Program. Additionally, I agree to abide by all rules and policies involving the conduct and operation presented by the Hockessin Athletic Club. Failure to follow these regulations can result in being removed and excluded from participation in the adult sports program. Furthermore, I permit the Hockessin Athletic Club to use and publish photographs and/or videotapes of me for the purpose of presenting recreational activities to the community and to promote the recreational program to potential clients and/or participants.

The undersigned has read and voluntarily signed this waiver.

Name (print) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

HOCKESSIN ATHLETIC CLUB - ADULT SPORTS PROGRAMS  
ATTN: DAVE MULVENA, SPORTS MANAGER

**ADULT SPORTS ROSTER**

**NOTE: ROSTERS MUST CONTAIN: Minimum: 10 players or a Maximum: 15 players (if you have less than 12 players we may add players to your team from free agency)**

TEAM NAME: \_\_\_\_\_ SPORT: \_\_\_\_\_

MANAGER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

Participant Waiver Agreement: The undersigned agrees to play with this team for the current season and also agrees to abide by the rules and regulations as established by Hockessin Athletic Club. Furthermore, the undersigned accepting this entry waive and release any and all rights and claims for damages he/she may have against the Hockessin Athletic Club, it's agents, representatives, or assigns for any and all injuries which may occur during participation. I permit the Hockessin Athletic to use and publish photographs and/or videotapes of me for the purpose of presenting recreational activities to the community and to promote the recreational program to potential clients and/or participants.

- MANAGERS** Note the following rules:
1. You are not a legal team until this completed roster is turned in to the Sports Manager.
  2. Players are ineligible unless their names and signatures appear on this roster.
  3. All information must be correct and not falsified.

**PENALTY FOR ABOVE RULES: Forfeiture and possible suspension or disqualification.  
\* A PLAYER MAY PLAY FOR ONLY ONE TEAM IN EACH SPORT PER SEASON.\***

	Print Name	Signature	Print Email	Date
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