UPPER TOWNSHIP
CHALLENGER
Sports

Fall Soccer 2015 Volunteer Registration

- **Earn Community Service Recognition**
- **Make a Difference in a Child's Life**
- **Be a "Buddy"**
- **Volunteer For a Great Cause**
- **No Experience Necessary**

Here is your opportunity to earn valuable community service credit. It's close to home. It's flexible. It's for a great cause. And NO EXPERIENCE IS NECESSARY.

Upper Township Challenger Sports is looking for "buddies" to help us on the soccer field with our athletes. Players are paired together with a buddy. The buddy will help guide the child along the field by offering encouragement and support.

UT Challenger Sports is a co-ed recreation program that enables children with physical and/or developmental disabilities to enjoy the benefits of soccer participation in an adapted environment structured to fit their abilities.

This is a six-week program that will be played on Sundays 9/20 - 9/27 - 10/04 - 10/18 - 10/25 - 11/01 from 1:00 pm until 2:00 pm. Games will be played at Amanda's Field 10 Sunset Dr. (off Rt. 50) Petersburg , NJ. You can volunteer for one Sunday or all six. These one-hour sessions will be broken down into two parts. The first part will have the children participating in fun-filled developmental skill-building activities and the second half will be the adapted game. Volunteers should arrive at the field a half hour before the start of the each game.

EVERYONE PLAYS...EVERYONE WINS
COME AND JOIN THE FUN

OR ON-LINE REGISTRATION AVAILABLE AT WWW.UTCHALLENGERSPORTS.COM

Volunteer's Name:_____ **Sex: M F** **Age:**_____ **Grade:**_____
School:_____ **Team/Club name:**_____
Parent's/Guardian's Name:_____
Address: _____**City:**_____ **Zip:**_____ **Home Phone:** _____
Cell Phone: _____ **E-mail:** _____

I plan on volunteering (circle dates) 9/20 - 9/27 - 10/04 - 10/18 - 10/25 - 11/01
I can be a Buddy ___ **Coach/Assist. Coach** ___

I/We give permission for my son/daughter to participate as a volunteer in the Upper Township Challenger Sports Program. I/We assume all risk of injury due to participation in this sport and release the Township of Upper and Upper Township Challenger Sports, LLC and its coaches and volunteers for any liability in this regard. I/We give permission for the Township of Upper to display my son's/daughter's photo.

Parent/Guardian Signature:_____ Date: ___/___/_____

Mail/E-mail volunteer form to and/or call for additional info:
Program Contact: Daryl DiTroia 4 Crestview Dr. Seaville, NJ 08230 Ph. 609-425-3919 utchallengersports@gmail.com

www.utchallengersports.com

Mail registration form to and/or call for additional info:

Program Director
Daryl DiTroia
4 Crestview Dr.
Seaville, NJ 08230
Ph 609-425-3919

Checks payable to Upper Township Challenger Sports By Sept.13th.

UPPER TOWNSHIP CHALLENGER Sports

Registration for Fall Soccer 2015

The Challenger Program is a co-ed recreation program that enables children ages 5-21 with physical and/or developmental disabilities to enjoy the benefits of team soccer participation in an adapted environment structured to fit their abilities.

Games will be played at Amanda's Field 10 Sunset Dr. Petersburg, NJ. The soccer games will be held 1:00-2:00 on Sundays 09/20 – 9/27 – 10/04 - 10/18 - 10/25 – 11/01. Dates and times may vary if needed.
Player must be accompanied by a parent/guardian for games and practices.

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Player's Name:_____ **Sex: M F** **Age:**_____ **Grade:**_____
School:_____ **Player's Shirt Size: YS YM YL AS AM AL AXL AXXL**
Parent's/Guardian's Name:_____
Address: _____**City:**_____ **Zip:**_____**Home Phone:** _____
Cell Phone: _____ **E-mail:** _____

Please describe and name the player's special needs or diagnosis so that we can do our best to accommodate him/her. Include any medical conditions that we should be aware of. Please indicate if they need assistive devices such as:
Wheel chair, braces, walker, crutches… Or any amount of assistance (if any) with running.

_____

_____

Cost for the season is $15. Fees help fund the cost of shirts, trophies, and equipment.
…No families will be turned away if unable to pay… ____Please waive my fee at this time

Volunteers needed: The Upper Township Challenger Program Needs your help!
I can be a: ___sponsor ___general volunteer ___coach/assist (no experience nec.)
I can help this way _____

I/We give permission for my son/daughter to participate in the Upper Township Challenger Sports Program. If my son/daughter is over the age of 18, I represent that I have legal authority to sign on their behalf. I/We agree to return equipment issued to my child in good condition as when received, except for normal wear and tear. I/We assume all risk of injury due to participation in this sport and release the Township of Upper, Upper Township Challenger Sports, LLC and its coaches and volunteers for any liability in this regard. I/We give permission to Upper Township Challenger Sports and Township of Upper to display my son's/daughter's photo.

Parent/Guardian Signature:_____ Date: ___/____/_____

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