

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

Program Director
Daryl DiTroia
4 Crestview Dr.
Seaville, NJ 08230
Ph 609-425-3919
dit2b3@aol.com

Checks payable to
Upper Township
Challenger Program
By Sept. 1st.



Registration for Fall Soccer 2011

The Challenger Program is a co-ed recreation program that enables children ages 5-18 with physical and/or developmental disabilities to enjoy the benefits of soccer participation in an adapted environment structured to fit their abilities.

Games will be played at Trinity Fields in Marmora. The soccer games will be held 1:00-2:00 on Sundays 09/25 – 10/02 – 10/16 - 10/23 - 10/30 – 11/06. Dates and times may vary if needed.

Player must be accompanied by a parent/guardian for games and practices.

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

Player's Name: _____ Sex: M F Age: _____ Grade: _____
School: _____ Player's Shirt Size: YS YM YL AS AM AL
Parent's/Guardian's Name: _____
Address: _____ City: _____ 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 \$25. Fees help fund the cost of shirts, trophies, and equipment.
...No families will be turned away if unable to pay...

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. I/We agree to return the uniform and other 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 and Upper Township Challenger Sports Program 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 utchallengersoccer@gmail.com

www.utchallengersports.com

