



## Fall Soccer 2011 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**.

The Upper Township Challenger Program is looking for "buddies" to help us on the soccer field with the children. Each child will be paired together with a buddy. The buddy will help guide the child along the field by offering encouragement and support.

The Challenger Program 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 09/25-10/02-10/16-10/23-10/30-11/06 from 1:00 pm until 2:00 pm. Games will be played at Trinity Fields on Rt. 9 in Marmora. 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*

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

I plan on volunteering (circle dates) 09/25-10/02-10/16-10/23-10/30-11/06

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 Soccer Program. I/We assume all risk of injury due to participation in this sport and release the Township of Upper and Upper Township Challenger Soccer 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](mailto:utchallengersoccer@gmail.com)

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