



# THE BROWNSON HOUSE, INC.

1415 Jefferson Avenue  
Washington, PA 15301

724-222-1440 - Web Site: [www.brownsonhouse.org](http://www.brownsonhouse.org) - email: [brownsonhouse1@yahoo.com](mailto:brownsonhouse1@yahoo.com)



## CO - ED INDOOR SOCCER AGES 5-6-7 AND 8-9-10

### Registration

Complete an application and mail it in with payment to;

**The Brownson House Inc. 1415 Jefferson Ave. Washington, Pa 15301**

**You may register online at our website, and mail payment - [www.brownsonhouse1.org](http://www.brownsonhouse1.org)**

\* Check made payable to The Brownson House, Inc.

**Payment is due by Sunday, November 1st, 2020**

COST: \$70.00 INCLUDES T-SHIRT

Games are scheduled for Sunday Afternoons

No Practices - Games Only

Games start Sunday, November 8th, 2020

Games played in the Brownson House Gym - *Medals will be provided for the final week*

### **Registration Form -- Please Print**

Player Name: \_\_\_\_\_ Age Group \_\_\_\_\_ Birth Date \_\_\_\_\_

School District: \_\_\_\_\_ Shirt Size: YM YL AS AM AL AXL

Parent's Name \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E- Mail Address \_\_\_\_\_

My son/daughter has my permission to participate in the co-ed soccer program, during the time his/her group is scheduled. I will not hold any adult advisor or anyone responsible for any injury or illness that might occur during practice sessions, games, or in transit. I agree to indemnify and save harmless the Brownson House and the Vernon C Neal Sportsplex from any and all liability or damages they may be required to pay for a child. I certify my son/daughter has been examined and is physically fit to participate.

Does the child have hospitalization: Yes \_\_\_ No \_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Would like to request a certain coach: \_\_\_\_\_

Would like to play on the same team as \_\_\_\_\_

We will try to accommodate your request. \_\_\_\_\_

