

Volunteers Needed!

If you have son or daughter in high school who would like to volunteer their time to assist our players in drills and scrimmages please let us know!

Thank You!

Cari Robbins
508-732-9292 ext. 124
carir@thearcogp.org



52 Armstrong Road
Plymouth, MA 02360



Soccer Stars

Indoor soccer
Saturdays

Sept 24, 2016—Oct 29, 2016

No Soccer: Oct 8th

Session 1 -Ages 6-15yrs

Session 2- Ages 16 &up

Players must register ahead of time

Registration Fee:

\$15.00 per season



Location:

Alden School Gym, 75 Alden Street
Duxbury, MA

Session 1: 12:00 –1:00 pm
Session 2: 1:15—2:15 pm

Soccer Stars



2016 Season

Session 1: Ages 6-15 yrs

Session 2: Ages 16 & up

15 players Maximum

Saturdays: Sept 24- Oct 29th

NO SOCCER ON OCTOBER 8

Session 1 Ages 6-15 yrs -12:00-1:00pm

Session Ages 16 & up- 1:15—2:15 pm

Registration Fee: \$15.00

Alden School Gym

75 Alden Street , Duxbury, Ma

Please Contact :

Cari Robbins

PH: 508-732-9292 ext. 124

Email: carir@thearcogp.org

Please Return Registration and Fee to:
The Arc Of Greater Plymouth
52 Armstrong Road
Plymouth, MA 02360
Attn: Soccer Stars

Registration Fee: \$15.00 per player

Name: _____ Age: _____

Parent/Guardian _____

Phone: _____ Shirt Size: _____

Email: _____

Address: _____

Emergency Cell

Photo Release

I, the undersigned, give the Arc of Greater Plymouth organizers my permission to use a photograph of me/my ward's likeness in television, radio, film, newspaper, magazines and any other media in connection with the Respite/ Family Support Program (This release will expire in one year.

Signature

Date

Liability Waiver

I agree to assume all responsibility for all risk, damage or injury that may occur to me as a participant in this activity/ event. In consideration for being accepted as a participant, I hereby for myself, my heirs, executors and administrators, release and discharge The Arc of Greater Plymouth, the sponsors associated with this event, the staff, and volunteers from all claims, damages, rights of action, present and future, whether the same be known, anticipated or unanticipated, resulting from or arising out of, or in incident to, my participation in this event. I grant permission to be medically treated and receive emergency services at a local hospital. I also grant permission for the use of my name, picture, and or videotape in any broadcast, photograph or other account of this event.

Signature of Parent or Guardian