

THOMAS TOWNSHIP PARKS AND RECREATION



# YOUTH SOCCER LEAGUES

**MAY 3RD**  
**THROUGH**  
**JUNE 14TH**

**No Games May 24th**

**Volunteer  
Coaches  
Needed**

**Coed Divisions**

**Y'5's K - 1st 2nd - 3rd 4th - 6th**

**Saturday Mornings  
begining at 9:00 am**

**Roberts Community Park**

**FEES:** \$60 Resident  
\$70 Non-Resident

**Registration Deadline: March 31st**  
**Registration Closes April 4th**

More Information: 989.781.0151

[www.thomastwp.org](http://www.thomastwp.org)



# Spring Soccer 2025

\*\*\*Office Use Only\*\*\*

Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Check Number: \_\_\_\_\_

Received By: \_\_\_\_\_

Player's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Person Registering Child (*If other than parent*): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Township: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Primary Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

**Circle Shirt Size:**      Youth      Youth      Youth      Adult      Adult      Adult      Adult  
                                 Small      Medium      Large      Small      Medium      Large      Extra Large

**Circle:** Resident \$60      Non-Resident \$70

Checks payable to: **Thomas Township General Fund - 249 N. Miller Rd. Saginaw, MI 48609**

Submit registration form and payments to 249 N. Miller Rd Saginaw MI 48609

Check the box stating you have received the concussion information sheet

**Circle Grade Division:**      Y5's (min 4.5 yrs old)      K-1st      2nd - 3rd      4th - 6th

**Registration Deadline - March 31st** (\$25 late fee after this date until April 4th )

**Registration Closes April 4th.**

**WE CANNOT GUARANTEE REQUESTS. Volunteer Coaches determine their teams practice times. We can only honor requests between siblings/family members.**

*My signature on this form verifies that I understand Thomas Township, its employees and volunteers, shall not be responsible for any injury to my child while participating in this basketball program. I waive and release Thomas Township from any and all claims.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Volunteer Coach Name : \_\_\_\_\_

Coach's Phone \_\_\_\_\_ Shirt Size: \_\_\_\_\_