



**Bucks County  
Intermediate Unit**

705 N. Shady Retreat Rd.  
Doylestown, PA 18901  
Tel: 215-348-2940  
www.BucksIU.org

Dear Parent/Guardian,

Your child is scheduled to receive an impedance/otoacoustic emissions evaluation at school. These screening tests require no active cooperation from your child and help identify hearing problems.

Please sign and complete the permission form at the bottom of this page authorizing the school to conduct this evaluation. Return the permission form to the school as soon as possible. Testing is scheduled for March 7<sup>th</sup>.

If you have any questions, please contact the school nurse at your child's school.

Sincerely,

*Sharon Binder, R.N.*

School Nurse/Teacher

\*\*\*\*\*

CHILD'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

**DISTRICT OF RESIDENCE:** \_\_\_\_\_

SCHOOL: \_\_\_\_\_

If tubes are present, please check: Right ear: \_\_\_\_\_ Left ear: \_\_\_\_\_

If your child is presently under the care of a physician for any conditions affecting his hearing, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Permission for my child to have an impedance/otoacoustic emissions test? ☐ YES ☐ NO

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

*An Educational Service Agency*



# HULMEVILLE SOCCER CLUB

[www.hulmevillesoccer.com](http://www.hulmevillesoccer.com)

e-mail: [hulmevillesoccer@hotmail.com](mailto:hulmevillesoccer@hotmail.com)



## 2018 Spring Registration

### PLEASE PRINT:

Parent(s)/Guardian(s) Full Name \_\_\_\_\_

[ ] Check if New Contact Information

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Tel. No. \_\_\_\_\_ Cell No. \_\_\_\_\_

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

If interested in coaching, please indicate below

Head Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_

**1<sup>st</sup> Child:** Player's Name: \_\_\_\_\_ Sex: M F  
Date of Birth \_\_\_\_\_ (Circle One): Travel In House Amount \$ \_\_\_\_\_

**2<sup>nd</sup> Child:** Player's Name: \_\_\_\_\_ Sex: M F  
Date of Birth \_\_\_\_\_ (Circle One): Travel In House Amount \$ \_\_\_\_\_

**3<sup>rd</sup> Child:** Player's Name: \_\_\_\_\_ Sex: M F  
Date of Birth \_\_\_\_\_ (Circle One): Travel In House Amount \$ \_\_\_\_\_

If registering after February 17<sup>th</sup> 2018 add Late Fee \$35 \$ \_\_\_\_\_

Total Amount Due: \$ \_\_\_\_\_

### Photocopy of birth certificate for first time registrants is required.

#### HSC/EPYSA RELEASE STATEMENT

I, the parent/guardian of the registrant, a minor or adult registrant of legal age, agree that the registrant and I will abide by the rules of the Hulmeville Soccer Club (HSC) and the EPYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with Soccer and in consideration for the HSC and EPYSA accepting the registrant for its Soccer programs and activities, I hereby release, discharge and / or otherwise indemnify the HSC and EPYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs, and / or being transported to or from the same, which transportation I hereby authorize.

Parent or Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

The sole purpose of distributing this flyer is to provide information to the community. This school district does not endorse, or sanction the events/activities listed in this flyer. Parents/guardians are urged to thoroughly research any organization providing such information before making a decision to participate.

**Registration Fees:** If child played in Fall 2017 for Hulmeville Soccer Club:

\$65.00 for first child, \$55.00 for each additional child

- If child **did not play in Fall 2017 for Hulmeville Soccer Club:**

\$85.00 for first child, \$75.00 for each additional child

- **For each child being added to a travel team roster ONLY: \$75.00**

Fees are due at the time of registration. Make all checks payable to: **Hulmeville Soccer Club.**

There will be a \$30.00 fee for all returned checks.

- Register by mail send form and check to:

**HSC Registrar, 45 Mistletoe Lane, Levittown, PA 19054**

**Registration forms are due by February 17, 2018. Registrations postmarked after February 17<sup>th</sup> will be assessed a non-refundable \$35 fee and processed based upon availability.**

**All refund requests must be submitted via email by parent/guardian before March 17, 2018.**