



# Morrisons Cove Memorial Park In association with Spring Cove Soccer

## 2026 Spring Recreational Outdoor Soccer Program

Boys & Girls Age 6-12

At MCMP Soccer Field (No Travel)

**Monday, April 6 - Friday, May 22**

Soccer focusing on skill development and love for the game.

**\$60 fee includes T-Shirt**

(50% discount for additional siblings & coach volunteers, coaches needed)

Questions?: E-Mail [chuck@morrisonscovememorialpark.org](mailto:chuck@morrisonscovememorialpark.org), or visit Chuck, the Park & Recreation Director, 201 South Walnut Street, Martinsburg, PA 16662



@ **Morrisons Cove Memorial Park**

Warmup & Games, 5:30p – Dusk

### Age Group/Weekday:

- **U12 Mondays (Birth year 2014-2015)**
- **U10 Tuesdays (Birth year 2016-2017)**
- **U8 Thursdays (Birth year 2018-2019)**
- **U6 Fridays (Birth year 2020)**

\*\* Registration ends Friday, March 13, 2026 \*\*

### DISCLAIMER:

THE SPRING COVE SCHOOL DISTRICT IS NOT RESPONSIBLE FOR, AND DOES NOT ENDORSE, ANY PROGRAM, STATEMENT, SENTIMENT OR OPINION PUBLISHED OR EXPRESSED IN THIS DOCUMENT. THIS DOCUMENT IS NOT PART OF, AND HAS NOT BEEN DISTRIBUTED AS PART OF, THE DISTRICT'S CURRICULAR OR EXTRACURRICULAR PROGRAMS.





# Morrisons Cove Memorial Park

201 S. Walnut Street  
Martinsburg, PA 16662

[chuck@morrisonscovememorialpark.org](mailto:chuck@morrisonscovememorialpark.org)



## PLAYER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M/F: \_\_\_\_ Birth Year: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade: \_\_\_\_\_ School: \_\_\_\_\_  
MM DD YYYY

## PARENT/GUARDIAN INFORMATION

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail addresses (print clearly): \_\_\_\_\_

Your Help is essential, please volunteer by circle/mark one or more of the following:

COACH

ASST. COACH

FIELD PREP

## SHIRT SIZE

	Youth S	Youth M	Youth L	Adult S	Adult M	Adult L
SHIRT						

## MEDICAL & LIABILITY RELEASE

I recognize the possibility of physical injury associated with soccer and in consideration for Morrisons Cove Memorial Park (MCMP) and its affiliates accepting the registrant for its soccer programs and activities (the "Programs"). I hereby release, discharge and/or indemnify MCMP, its affiliated organizations and sponsors, their employees, volunteers, and personnel, including owners of the facilities utilized for the Programs, against any claim by or on behalf of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the Programs.

Therefore, I grant MCMP staff or volunteers, above the age of 18, permission to act as my surrogate for my child in the area obtaining medical treatment by a doctor of medicine or dentistry. I also assume financial responsibility for any medical treatment for my child.

Known allergies or other pertinent medical information: \_\_\_\_\_

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Date

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

## CHECKS PAYABLE TO "MCMP SOCCER" AND MAIL TO ADDRESS ABOVE

### Official Use Only

### Registration Fees

Player Fee: \$ \_\_\_\_\_

Sibling Discount? Yes \_\_\_\_ No \_\_\_\_

Amt. Received \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

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

TOTAL \$ \_\_\_\_\_

Date: \_\_\_\_\_