

# South Webster Soccer League

## Registration Form

Players Name: \_\_\_\_\_

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

City: \_\_\_\_\_

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

Phone Number: Daytime \_\_\_\_\_ Evening \_\_\_\_\_

Cell \_\_\_\_\_ Do you accept text messages? Yes \_\_\_ NO \_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

(If Parent can not be reached)

Email Address: \_\_\_\_\_

Sex: M F Age as of August/ 1/ 2014 \_\_\_\_\_

Shirt Size:	<b>Youth</b>	X-Small	Small	Medium	Large
<b>Circle One</b>		<b>2-4</b>	<b>6-8</b>	<b>10-12</b>	<b>14-16</b>

<b>Adult</b>	Small	Medium	Large	X-Large
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Registration Fee: Make checks Payable to: *South Webster Soccer League*

Official Use only Paid \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_

Assigned Team/Coach: \_\_\_\_\_

(Coaches: You must carry this form with you at every game & practice.)

Player's Name: \_\_\_\_\_

I/We the parents/guardians of the above named candidate for a position of a League team, hereby give my/our approval to participate in any and all South Webster Soccer League activities, including transportation to and from the activities.

I/We know that participation in soccer may result in serious injury and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the local South Webster Soccer League, the organizers, sponsors, supervisors, participants and person transporting my/our child to and from activities to any claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

I/We agree to return upon request the uniform and other equipment issued to my/our child in as good a condition as when we received, except for normal wear and tear.

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

**MEDICAL RELEASE**

In case of emergency, if family physician cannot be reached, I hereby authorize \_\_\_\_\_ whose birth date is \_\_\_\_\_ to be treated by another qualified licensed physician or practitioner who is available. I also agree that I/we or someone authorized to make medical decisions is not present, that the coaches or League Director will have my/our permission to have above named child treated and/or transported by Emergency Medical Services to the nearest appropriate medical facility.

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Allergies: \_\_\_\_\_

Last Date of tetanus toxoid booster: \_\_\_\_\_

Please indicate any physical limitations (allergies, hearing, sight, etc) \_\_\_\_\_

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Name of family hospitalization plan: \_\_\_\_\_

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

*We are looking for volunteers to make our program a success. If you would be interested in volunteering, please check the appropriate line. Please feel free to check more than one!*

*Coaching:* \_\_\_\_\_ *Officiating:* \_\_\_\_\_ *Concessions:* \_\_\_\_\_ *Fields:* \_\_\_\_\_