

Please complete by printing except where signature is requested. A registration is not valid unless all entries marked ** are completed.

20 Perry Township Soccer Club Registration For Spring / Fall Session

Player Information

**Last Name		** First Name		Initial
Male / Female		Example: 07/12		YM YL AS AM AL AXL
** Gender	** Date of Birth	** Month & Day Only of Mother's Date of Birth		** Select Player Shirt Size
Has this player ever played for Perry Township Soccer Club ? z Yes z No				
Special Notes: _____				

Primary Parent / Guardian Information

** Last Name		** First Name		
** Address		** Home Phone	Work Phone	Cell Phone
** City	** Zip code	Email address		

Secondary Parent / Guardian Information

**Last Name		** First Name		
Address		Home Phone	Work Phone	Cell Phone
City	Zip code	Email address		

Liability Waiver Form

I, the parent / guardian for the above child release, discharge, and / or otherwise indemnify the organization / league / club for which I am registering the child to play. Ohio Youth Soccer Association North, Perry Township Soccer Club, its affiliated sponsors, employees, and associated personnel, including the owners of the fields and facilities utilized against any claim by or on behalf of the registrant as a result of his / her participation.

**Parent / Guardian
Signature Required _____ Date: _____

Consent for Medical Treatment (Minor) / Medical Preferences & Alerts

I, hereby give my consent to have a coach, emergency personnel and / or doctor of medicine or dentistry provide my son / daughter above with medical assistance and / or treatment and agree to be responsible financially for the reasonable cost of such treatment.

Parent / Guardian
Signature Only _____ Date: _____

Family Doctor's Name	Family Doctor's Phone No.	Family Dentist's Name	Dentist's Phone No.
Name of Hospital	Name of Emergency Contact	Contact Phone No.	Contact Cell Phone

Please list any medical or physical disabilities, including allergies, medical conditions or alerts for your child, the player listed above.

Parental Support

We ask for participation of parents in our program. Check area(s) in which you would be willing to help.

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Coach | <input type="checkbox"/> Referee |
| <input type="checkbox"/> Ast.Coach | <input type="checkbox"/> Field Work |
| <input type="checkbox"/> Linesman | <input type="checkbox"/> Team Mom |
| <input type="checkbox"/> _____ | |

Official Use Only

Playing on Travel Team	<input type="checkbox"/> Yes		
Picture Received (Travel Only)	<input type="checkbox"/> Yes		
Birth Verified	<input type="checkbox"/> Yes	Age Group	Coach Name / Team ID

Registration Fees

<input type="checkbox"/> Cash	*Player Fee _____ \$ _____
<input type="checkbox"/> Check No. _____	*Family Discount _____ \$ _____
Check Name: _____	*Late Fee _____ \$ _____
Date: _____	*Total Fee _____ \$ _____