

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 Se

Player Information

**Last Name		** First Name	
Male / Female	** Date of Birth	Example: 07/12 ** Month & Day Only of Mother's Date of Birth	YM YL AS AM ** Select Play
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
** City	** Zip code	Email address	

Secondary Parent / Guardian Information

**Last Name		** First Name	
Address		Home Phone	Work 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 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	Doctor's Phone No.	Family Dentist's Name
Name of Hospital	Name of Emergency Contact	Contact Phone No.

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.

- | | |
|-------------|--------------|
| z Coach | z Referee |
| z Ast.Coach | z Field Work |
| z Linesman | z Team Mom |
| z _____ | |

Official Use Only

Playing on Travel Team	z Yes	
Picture Received (Travel Only)	z Yes	
Birth Verified	z Yes	

Registration Fees

z Cash	*Player Fee _____
z Check No. _____	*Family Discount _____
Check Name: _____	*Late Fee _____
Date: _____	*Total Fee _____

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Initial

AL AXL

yer Shirt Size

Cell Phone

Cell Phone

1 registering the

al

Dentist's Phone No.

Contact Cell Phone

Coach Name / Team ID

\$ _____
\$ _____
\$ _____
\$ _____