



Simmons Soccer Club Registration Form

Last Name _____ First Name _____ Middle Init. _____

Address _____ City, State, Zip _____

Home Phone# _____ Cell Phone#(s) _____

Email Address(es) _____

Birthdate (Mo/Day/Yr) _____ Male/Female _____ Height _____ Weight _____

Team I am registering for _____ School _____ Grade _____

Father's Name _____ Occupation _____ Work Phone# _____

Mother's Name _____ Occupation _____ Work Phone# _____

List any medical problem or prohibition player has: _____

Person to notify in case of emergency: _____ Phone #(s): _____

Doctor to notify in case of emergency: _____ Phone #(s): _____

Parental Support:

We appreciate parental support. Please check area(s) in which you would be willing to help:

- | | | | |
|--------------------------------------|---------------------------------------|--|----------------------------------|
| <input type="checkbox"/> Coach | <input type="checkbox"/> Team Manager | <input type="checkbox"/> Field Preparation | <input type="checkbox"/> Referee |
| <input type="checkbox"/> Asst. Coach | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Board Member | |

Waiver

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant, for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of 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.

Print Name _____

Signature _____

Date _____

Consent for Medical Treatment (Minor)

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Print Name _____

Signature _____

Date _____

OFFICIAL USE ONLY:

- | | |
|---|---|
| <input type="checkbox"/> Picture Received | <input type="checkbox"/> Birthdate Verified |
|---|---|

Fees Received \$ _____ Date _____