

Skyhawk Soccer Club

Recreational Soccer Registration

Player Name		Birth Date		Male	Female
Address		City		Zip Code	
Email					
Parent(s)/Guardian(s) Name					
Home Phone		Work Phone		Cell Phone	

Experience (seasons)		Uniform Size				I would like to Volunteer as (please check)	
						Coach	
Rec		Shirt		Shorts		Assistant Coach	
Select		YS	AS	YS	AS	Referee	
Indoor		YM	AM	YM	AM	Team Helper	
Other		YL	AL	YL	AL	League Volunteer	

Please list any activities which may conflict with games and/or practices	
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MEDICAL INFORMATION/AUTHORIZATION	
Physician Name	Physician Phone Number
Preferred Hospital	Hospital Phone Number
Emergency Contact Name	Emergency Contact Number
Emergency Contact Name	Emergency Contact Number
Medications	Please list any known medical conditions (i.e. allergies, asthma)

Player Request
Requests are not guaranteed with the exception of coaches' children and siblings playing in the same age group. Only one request per child. All requests are given equal consideration.

We hereby agree that the Skyhawk Soccer Club its members, coaches or officers shall not be liable for any injury or loss which my child may sustain while participating in activities of any kind whether sponsored by or under the supervision of the Skyhawk Soccer Club and we agree to indemnify and to hold harmless the Skyhawk Soccer Club, its members, coaches, officers or designates of any kind from any claim whatsoever.

In the event that I am unavailable, I grant consent to the Skyhawk Soccer Club to authorize emergency treatment for my child.

By signing this form, I agree to financial responsibility for all fees associated with participation in the Skyhawk Soccer Club's recreation program. In the event that your child is unable to participate after payment has been made, any expenses incurred by the Skyhawk Soccer Club will be deducted from the amount paid and the balance will be refunded.

Printed Name _____ Signature _____ Date _____

LEAGUE USE ONLY					
Age Group Assigned To			League Official		
Date	Amount	Cash	Check	Check Number	

Mail completed REGISTRATION FORM and CHECK or MONEY ORDER - Payable to SKYHAWK SOCCER CLUB by MARCH 4, 2012.

Skyhawk Soccer Club
P.O. Box 181
Fairborn, OH 45324-0181

