



South Range Soccer Club

2009 Registration Form

(please print)

Last Name _____ First Name _____ AgeGroup: _____

Birthdate (mm/dd/yy): _____ Phone #: _____

Street Address: _____ City: _____

State: _____ Zip Code _____ Cell Phone#: _____ Male/Female(circle)

Email Address: _____ Mother's Birthdate(mm/dd) _____

Shirt Size (circle) Youth Sm. Youth Med. Youth Lg. Adult Sm. Adult Med.

Adult Lg Adult XLg.

Can you be a Coach? Yes No

Can you be an Assistant Coach? Yes No

Is the player interested in indoor soccer in the winter? Yes No

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, its affiliated sponsors, employees and associated personnel, including the owners of fields and facilities utilized against any claim by or on behalf of the registrant as a result of his or her participation.

Parent/Guardian Signature: _____ Date: _____

Consent for Medical Treatment (MINOR)

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

Parent/Guardian Signature: _____ Date: _____

SRSC use only: Amount _____ Check # _____ Date _____ Note _____