

Check # _____

Paid _____

Smithville Soccer Club U6 Spring 2012 Season Registration Form

Last Name _____ First Name _____ Birth Date _____

Address _____ City/ST _____ Zip _____

E-mail Address _____ Contact Phone # _____

Sex (M/F) _____ Age prior to August 1, 2011 _____ (U6 requires birth date between 8/01/2005 & 7/31/07)

List any medical problem or prohibition player has _____

Father's Name _____ Phone number _____

Mother's Name _____ Phone number _____

Emergency contact other than parent's _____

Relationship _____ Phone number _____

Is your child a returning player from Fall '11 season? If so, please list coach's name.

Coaches name _____

**Make checks payable to SSC
\$55.00**

Registration Deadline 03/01/12

Mail to:

SMITHVILLE SOCCER CLUB

PO BOX 157, SMITHVILLE, MO 64089

www.smithvillesoccer.org

Volunteer:

Do you wish to volunteer to coach or assist a coach? yes / no

Do you wish to volunteer to assist on a SSC committee? yes / no

If yes, area of interest _____

LIABILITY RELEASE Must be signed by parent or legal guardian of player.

I HEREBY AGREE THAT THE SOCCER ASSOCIATION FOR YOUTH (SAY) ITS MEMBERS, COACHES OR OFFICERS SHALL NOT BE LIABLE FOR ANY INJURY OR LOSS IN WHICH MY CHILD MAY SUSTAIN WHILE PARTICIPATING IN ACTIVITIES OF ANY KIND WHETHER SPONSORED BY OR UNDER THE SUPERVISION OF SAY AND WE AGREE TO IDEMNIFY AND TO HOLD HARMLESS SAY, IT'S MEMBERS, COACHES AND OFFICERS OR DESIGNENATES OF ANY KIND FROM ANY CLAIM WHATSOEVER.

Signature _____ Date _____