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Smithville Soccer Club

U6 Fall 2010 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 1st, 2010 _____ (U6 requires birth date between 8/1/2004 & 7/31/06)

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 Spring '10 season? If so, please list coaches name.

Coaches name _____

**Make checks payable to SSC
\$50.00**

Registration Deadline 8/20/10

**SMITHVILLE SOCCER CLUB
PO BOX 157, SMITHVILLE, MO 64089**

www.smithvillesoccer.com

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 _____

Shirt Size: Circle One

YS YM

6-8 10-12

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 _____