SOUTH HILLS SOCCER ASSOCIATION (SHSA) PLAYER REGISTRATION / MEDICAL RELEASE FORM
Fall 2010

PLAYERS DATE OF BIRTH:

Years of Experience Playing Soccer:
Rank Skill Level: (1 little/basic knowledge to 5 excel/very good knowledge) 1 2 3 4 5
Team Last Played On:
Team/Coach Preference (will be met if possible):

MO	DAY	YEAR

PLAYER INFORMATION

PLAYERS LAST NAME:	FIRST NAME:	MI:	NICKNAME:	SEX:
STREET ADDRESS:	APT:	CITY:	STATE:	ZIP CODE:
HOME PHONE #:	ALT PHONE #:	SCHOOL ATTENDING:	GRADE:	
E-MAIL ADDRESS:		ALTERNATE E-MAIL ADDRESS:		
JERSEY/SHIRT SIZE: Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large				

PARENT/GUARDIAN INFORMATION

FATHER'S NAME:	PHONE:	CELL PHONE:	WORK PHONE:
MOTHER"S NAME:	PHONE:	CELL PHONE:	WORK PHONE:
OTHER GUARDIAN:	PHONE:	CELL PHONE:	WORK PHONE:

EMERGENCY INFORMATION

EMERGENCY CONTACT:	RELATIONSHIP:	PHONE:	CELL:
PHYSICIAN:		PHYSICIAN PHONE:	
MEDICAL INFORMATION THE COACH SHOULD BE AWARE OF:			

PARENT SUPPORT IS NEEDED (Please check all areas in which you would be willing to assist):

COACH	ASST COACH	FIELD MAINT.	BOARD MEMBER	FUNDRAISING	REFEREE

ALL OF THE FOLLOWING WAIVERS/RELEASES MUST BE SIGNED AND DATED:

RELEASE OF CLAIMS DUE TO INJURY

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

X _____ _____
Signature of Parent/Legal Guardian Date

CONSENT FOR EMERGENCY MEDICAL TREATMENT

As the parent of legal guardian of the registrant, a minor, I hereby give my consent for emergency medical care prescribed by a duly licensed health care provider. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

ADDRESS IF DIFFERENT FROM REGISTRANTS: _____

X _____ _____
Signature of Parent/Legal Guardian Date

FORMATION OF ALL GIRLS TEAMS:

Whenever possible the SHSA will attempt to form all-girl teams. For female players, please note your preference below.

I prefer that my girl play on a(n): ALL GIRLS TEAM _____ CO-ED TEAM _____ NO PREFERENCE _____

Please provide a copy of the players' birth certificate that we can KEEP, *if you have provided a copy previously you do not need to provide another*, thank you.

Registration Fees: $40.00 Regular Registration
(***Make Checks*** $25.00 Sparrows – U/4 (*Date of Birth must be between August 1, 2006 and July 31, 2007*)
Payable to SHSA) **LATE FEE $10.00 should registration not be received by August 10, 2010**

Mail Registration forms to: Julie Stebbins, Registrar PO Box 11892 Charleston, WV 25339
Call Registrar at 304/345-2831 with questions or email at stebbi@suddenlink.net

Registrar's Use Only: Team Code_____ Date Registration Recvd. _____ Cash _____ or Check _____ # _____