

# Clearfield Soccer Association Spring 2008 Registration Form

Please leave this area blank **ã** unless there are corrections to the pre-printed information printed here. **ã**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Birth date: \_\_\_\_\_ Email \_\_\_\_\_ Sex: M  F

Dad's Name \_\_\_\_\_ Dad's Wk Phone: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

Mom's Name \_\_\_\_\_ Mom's Wk Phone: \_\_\_\_\_ Mom's Cell: \_\_\_\_\_

Person To Notify \_\_\_\_\_ (Other than parents) Person to Notify Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Doctor Phone \_\_\_\_\_

Player Shirt Size: \_\_\_\_\_ Shirt No: \_\_\_\_\_ Last Coach: \_\_\_\_\_

\*LAST 6 (SIX) Digits of the player's Social Security #: XXX - \_\_\_\_ -- \_\_\_\_

## Parent Checklist

- ♦ Check the information carefully. Only fill in corrections!!!
- ♦ Be sure to include the last 6 digits of the #SS and your email address.
- ♦ Please sign the waiver below. **ã**
- ♦ Check the appropriate age box below.
- ♦ Note: Returned checks subjected to bank charges.
- ♦ Write checks to:  
**Clearfield Soccer Association**
- ♦ Mail forms to:  
**Clearfield Soccer Association**

**PO Box 886  
Clearfield PA 16830**

**ã Only Important for PA West**

## Parents' Section

*This season we wish to*

- Coach     Sponsor Player     Assistant Coach     Sponsor Team
- Contribute \$ \_\_\_\_\_ for field development at the Clearfield Complex
- Contribute \$ \_\_\_\_\_ to US Soccer Foundation
- Donation is included in registration check or  Separate check is enclosed

### Consent/Waiver – Consent for Medical Treatment (Minor) - Sign and date below **ã**

As the parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent.

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

*If my child is registering for an SAY team, the following also applies:* We hereby agree that the Soccer Association for Youth (SAY), 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 SAY and we agree to indemnify and hold harmless SAY, its members, coaches, officers, or designates of any claim whatsoever.

**ã** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Preferred Team Placement

- Use the player's birth date for age placement and check the appropriate team selection below.
- Late registrations will only be accepted based on team availability.

## Travel Age Groups

### Registration Fee - \$45

- PA West U-19    8/1/88 to 7/31/91
- PA West U-16    8/1/91 to 7/31/93
- SAY Seniors    8/1/90 to 7/31/92
- SAY Minors    8/1/92 to 7/31/94

### Registration Fee - \$40

- PA West U-14    8/1/93 to 7/31/95
- PA West U-12    8/1/95 to 7/31/97
- SAY Kickers    8/1/94 to 7/31/96
- SAY Strikers    8/1/96 to 7/31/98

## In-house Age Groups

### Registration Fee - \$25

- Wings    8/1/98 to 7/31/00
- Passers    8/1/00 to 7/31/02

### Registration Fee - \$15

- P School    8/1/02 to 7/31/04

Check: \_\_\_\_\_ Amount: \_\_\_\_\_ Paid: