

**WILLOUGHBY SOCCER CLUB**  
**Recreation League Form**  
**Ohio Youth Soccer Assoc – North**  
[www.willoughbysoccerclub.com](http://www.willoughbysoccerclub.com)

**Return to:** Willoughby Soccer Club  
 2 Public Square  
 Willoughby, OH 44094



Youth Division of the  
 United States Soccer  
 Federation (USSF)

Affiliated with the  
 Federation  
 Internationale de  
 Football Assoc. (FIFA)

**Please Print Clearly**

**Division(circle one):**

Under 6 (Co-ed) Under 8 (Co-ed) Under 10 (Co-ed) Under 12 (Co-ed) Under 14 (Co-ed)  
 Under 10 (Girls) Under 12 (Girls) Under 14 (Girls)

**Division is determined by player's age as of August 1<sup>st</sup>**

**Cost: \$25 by March 31<sup>st</sup>. This is for the spring 2008 session ONLY.**

Player Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Birth date (MM/DD/YY) \_\_\_\_\_ Sex: F M

Father's Name \_\_\_\_\_ Email \_\_\_\_\_ Bus. Ph \_\_\_\_\_

Mother's Name \_\_\_\_\_ Email \_\_\_\_\_ Bus. Ph \_\_\_\_\_

List any medical problems player has \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Doctor to Notify in Emergency \_\_\_\_\_ Phone \_\_\_\_\_

Number of prior seasons played \_\_\_\_\_ Last Team \_\_\_\_\_ Last League \_\_\_\_\_

Date of Last Season \_\_\_\_\_ Last Coach \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ School \_\_\_\_\_ Grade in Fall \_\_\_\_\_

Other Children from family presently playing in league

Name/Age \_\_\_\_\_ Name/Age \_\_\_\_\_

Name/Age \_\_\_\_\_ Name/Age \_\_\_\_\_

**IMPORTANT**

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYSA, it's affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration of the USYSA accepting the registrant for its soccer programs 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.

Name (Parent/Legal Guardian) \_\_\_\_\_

Signature \_\_\_\_\_ Please Print \_\_\_\_\_ Date \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT (MINOR)**

As the parent or legal guardian of the above named player, I hereby give 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 the life, limb or well being of my dependent.

Signature (Parent or Legal Guardian)

X \_\_\_\_\_

**PARENTAL SUPPORT**

We ask for active participation of all parents in our program. Check the area(s) below in which you would be willing to help

\_\_\_ Coach \_\_\_ Asst. Coach \_\_\_ Sponsor  
 \_\_\_ Fundraiser \_\_\_ Snack Coordinator \_\_\_ Donor  
 \_\_\_ Other (Specify) \_\_\_\_\_

**Note: Player's photo and/or address may be used for promotional and/or fundraiser purposes**

**WILLOUGHBY SOCCER LEAGUE USE ONLY**

Registration Fee \$ \_\_\_\_\_ Date Rec'd \_\_\_\_\_

Cash  Check  Check Number \_\_\_\_\_

Received by \_\_\_\_\_

Deposited by \_\_\_\_\_ Date \_\_\_\_\_