

WILLOUGHBY SOCCER CLUB
Recreation League Form Fall 2008
Ohio Youth Soccer Assoc – North
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 1st

Cost: \$50 by June 30th and \$20 late fee after June 30th. Family Maximum \$150

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 _____