

Dillsboro SAY Soccer Registration

P.O. Box 399, Dillsboro, IN 47018

2009 Registration fee: 1st child: \$45.00 - 2nd child & after: \$40.00

Lollipops - \$35.00

Playing Age (as of July 31, 2009) _____ Date of Birth _____ Gender: M / F

Player's First Name _____ Last Name _____ Home Phone # _____

Address _____ City _____ Zip _____

Parent or Guardian's Names: _____
Father _____ Mother _____

School Attending _____ Grade (will be in for fall 2009) _____ E-mail Address _____

Shirt Size: YOUTH Small Medium Large X-Large
ADULT Small Medium Large X-Large

Shorts Size: YOUTH Small Medium Large X-Large
ADULT Small Medium Large X-Large

New Player (please bring birth certificate)

*****NO SPECIAL REQUESTS*****

Experienced Player

If interested in any of the following positions, please mark with an "X"

Coaching

Assistant Coach

Referee

CONSENT FOR EMERGENCY MEDICAL TREATMENT

We, the parents of _____ give permission for emergency medical treatment of our child for illness or accident if we cannot first be contacted.

Name & Relationship of Emergency Contact (other than above): _____

Does your child have any allergies or require any medication NO YES

Explain _____

We hereby agree that 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. We agree to indemnify and hold harmless SAY, its members, coaches, officers or designates of any kind from claim whatsoever.

Parent/Guardian Signature _____ Date _____

DO NOT WRITE BELOW – SOCCER ORGANIZATION USE ONLY

Fee Paid \$ _____ Cash Check # _____ Rec'd by _____ Date _____

White & Yellow Copy – Soccer Board

Pink Copy – Parent