



www.hvlac.org

2008 HVL SAY Soccer Registration Form

• **AGE LEVEL DIVISION**-circle the division your child will be playing: age of player on July 31, 2008

Lollipop (co-ed 4 & 5)	Passers (ages 6 & 7)	Wings (ages 8 & 9)	Strikers (ages 10 & 11)	Kickers (ages 12 & 13)
\$30.00	\$40.00	\$40.00	\$40.00	\$40.00

• **PLAYER INFORMATION**

Child's Last Name _____ Child's First Name _____ M _____ F _____
 DOB ____ / ____ / ____ School District _____ Does this child play select soccer? Yes No
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ E-mail address: _____
 Mother/Female Guardian's name: _____ Cell phone number: _____
 Father/Male Guardian's name: _____ Cell phone number: _____

Are you interested in coaching or assistant coaching? (please circle) **YES NO**
 Name of volunteer _____ **Circle Coach Shirt Size: Medium Large Extra-Large**
In order to coach you must take a coaching certification course through the Soccer Association for Youth (SAY). This certification is provided by SAY Soccer and HVLAC free of charge.

• **UNIFORM INFORMATION** (circle appropriate sizes)

Lollipop (Co-Ed) Jersey size: YS YM YL YXL Lollipop Sock size: XS(5-7) S(7-9)
SAY Rec-Travel Jersey size: YM YL AS AM AL AXL Rec-Travel Sock size: S(7-9) M(9-11) L(10-13)

• **MEDICAL INFORMATION**

Medical problems or notes to coach: _____
 Person to notify in case of emergency: _____ phone: _____
 Doctor in case of emergency: _____ phone: _____
 Dentist in cast of emergency: _____ phone: _____
 Insurance carrier: _____ Policy# _____ phone: _____

Consent for Medical Treatment: 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.

Liability Waiver: 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 to hold harmless SAY, its Members, Coaches, Officers or Designates of any kind from any claim whatsoever.

I/We, the parent or guardian of the above child who is a candidate for position on a SAY/HVLAC sports league, hereby give my/our approval for hi/her participation in any and all of the activities of league play during the current season. I/We assume all of the risks and hazards incidental to the conduct of the activities and transportation to and from the activities. In case of any injury to my/our child, I/we hereby waive all claims against the organizers, sponsors, or any of the supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our child to or from activities, I/we understand that a copy of the above child's birth certificate must be furnished to the Hidden Valley Lake Athletic Club before the child will be able to participate in any organized sporting event.

Parent/Guardian Signature _____ **Date** _____

Birth Certificate on file? Yes No

Assigned Team: _____
HVLAC (Top Copy) Parent/Guardian (2nd copy)