

SAY SOCCER REGISTRATION FORM



U-6 TO U-8 PLAYERS

First Name _____ Middle Initial _____ Last Name _____ M / F (circle one)
Sex _____

Address _____ City _____ Zip _____ Telephone _____ Date of Birth) _____

Mother's Name _____ Father's Name _____

Email Address _____ Email Address _____

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.

Emergency Phone: Parent or Guardian: Name _____ Phone _____

Emergency contact other than parent: Name _____ Phone _____

Relationship _____ Does your child have any allergies or require any special Medication?
No _____ Yes _____ Explain _____

We hereby agree that the Soccer Association for Youth (SAY), its members, coaches and officers shall not be liable for any injury or loss that 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 and designates of any claim whatsoever. **Registration fee is non-refundable under any circumstances.**

Parent/Guardian's Signature _____ Date: _____

FALL 2017 Registration Fee \$190.00
Make check or money order payable to (SPUYSC)

DO NOT WRITE BELOW-SOCCER ORGANIZATION USE ONLY

Playing Age (Year Born) _____ Division _____

Fee Paid \$ _____ () Cash () Check # _____ Rec'd. By _____ Date _____

Team Assigned _____ Coach _____