ST. MICHAEL SOCCER REGISTRATION FORM
Fall 2010 Season

PLAYER INFORMATION:

Last Name	First Name	Date of Birth	Gender	Grade Fall 2010

Parents/Guardians	Address	City	Zip	Phone
E-mail Address (es)				

UNIFORMS: We will provide shirts, shorts and socks.

CIRCLE SHIRT SIZE: YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL

PLEASE CIRCLE BELOW IF INTERESTED:

Head Coach Assistant Coach Team Parent

PAYMENT INFORMATION: (*payable to St. Michael Boosters*) due NO LATER THAN 6/4/2010

- Registration Form and Fee: **$50**
- Plus Yearly Booster Membership Fee ***$30**

***If you paid this fee in the Fall or Winter Season, you do not need to pay it for Spring Season*

TO: Fred Simonsen
9872 Jane Court **OR** send home through: ***Ben Simonsen, 5L***
Cincinnati, OH 45241
E-mail: Simonsen.f@pg.com or 759-2768 with questions.

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.

Parent/Guardian Signature _____ Date_____

CONSENT FOR EMERGENCY MEDICAL TREATMENT:

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

Emergency Phone of Parent or Guardian: Name_____Phone_____

Emergency Contact Other Than Parent: Name_____Phone_____
Relationship _____

Does your child have any allergies or require any special Medication? YES _____NO _____
Explain:

DO NOT WRITE BELOW – SOCCER ORGANIZATION USE ONLY
Playing age (as of July 31) _____ Division _____
Fee Paid _____ Cash _____ Check _____ Date _____ Coach _____