

South Webster Youth Soccer Registration

Player's Name: _____

Player's age and birth date: _____ Grade (2017/2018): _____

Male or Female: _____

Address: _____

Parent(s)/Guardian(s) Name(s) (*All that apply*) and contact information (*best #*):

Name: _____ Contact #: _____

Texting accepted: Yes or No

Email: _____

Name: _____ Contact #: _____

Texting accepted: Yes or No

Email: _____

Name: _____ Contact #: _____

Texting accepted: Yes or No

Email: _____

Name: _____ Contact #: _____

Texting accepted: Yes or No

Email: _____

CONCUSSION AWARENESS

I (parent/guardian) _____ of (player name) _____ have been provided with appropriate brochures or handouts displaying the necessary information needed to maintain awareness of concussion injuries and appropriate plans of action for such potential injuries.

Emergency contact (if parent/guardian cannot be reached):

Name: _____ Contact #: _____

Texting accepted: Yes or No

Email: _____

League Waiver:

Player's Name: _____

I/We the parent(s)/guardian(s) of the above named candidate for a position of a league team, hereby give my/our approval to participate in any of the South Webster Youth Soccer League activities, including transportation to and from the activities.

I/We know that participation in soccer may result in serious injury and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless South Webster Youth Soccer League, board members, coaches, organizers, sponsors, supervisors, participants, or person(s) transporting my/our child to and from activities to any claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

Parent/Guardian signature: _____ Date: ____/____/____

Medical Release

In case of emergency, if a family physician cannot be reached, I hereby authorize **(player name)** _____ whose birthdate is ____/____/____ to be treated by another qualified licensed physician/practitioner who is available. I/We also agree that I/we or someone authorized to make medical decision is not present, a coach or board member from the South Webster Youth Soccer League will have my/our permission to have the above named child treated and/or transported by emergency medical services to the nearest appropriate medical facility.

Allergies: _____

Physical Limitations: _____

Last date for tetanus booster: _____

Physician: _____ Contact info: _____

Address: _____

Family hospitalization plan: _____

Parent/Guardian signature: _____ Date: ____/____/____

Player name: _____

Shirt Size (Circle one):

Youth Sizes	X-Small 2-4	Small 6-8	Medium 10-12	Large 14-16
Adult Sizes	Small	Medium	Large	X-Large

Official Use Only Make checks payable to: ***South Webster Soccer League***

Registration Fee: Check: _____

Cash: _____

Team: _____

Notes/Comments: