



Alexander Soccer Fall 2018 Recreational League

Registration and Parental Consent Form

Alexander Soccer Club Recreational League is open to boys and girls in preschool (4 years old before August 1, 2018) to 6th grade.

Registration Deadline is August 26, 2018. Coaches meeting will be held August 27, 2018. The time and location will be posted to our website and Facebook pages, and communicated by email and text using info on registration forms. Practices will begin around September 3rd. Games will begin around September 16th. Tentative days: K/1 practices Mondays @ 5:45pm; 4/5/6 grades practices Tuesdays @ 5:45pm; 2/3 grades Wednesdays @ 5:45pm; PK Thursday @ 5:45pm. All grades will have games scheduled on Sundays. Fees are \$30 for PK/K/1st/2nd/3rd and \$35 for 4th/5th/6th. Checks payable to Alexander Soccer Club. Mail forms and fees to: Alexander Soccer Club, PO BOX 333, Albany, Ohio 45710. Online registration (credit cards payments with a fee added) available <http://www.alexandersoccerclub.com/registration>

In person registration will be available at the Alex soccer field Sunday, August 26 5:00 PM to 6:30 PM. PDF registration form available on our website.

Questions: Email info@alexandersoccerclub.com or call/text 591-0185 or call/text 590-4212

Child's Name: _____

Date of Birth: _____ **Grade:** _____ **Sex:** Male or Female

Parent/Guardian (Print): _____

Mobile 1 Phone Number: _____ **yes / no I would like to receive Club text messages**

Mobile 2 Phone Number: _____ **Email Address:** _____

** Email is very important as much of the soccer info and reminders from the club come by way of email messages. Also, please "like" Alexander Soccer Club on Facebook ("Alexander Soccer Club - Albany, Ohio").

Shirt Size: YXS YS YM YL AS AM AL AXL

How many seasons has your child played recreational league soccer? _____ Fall and Spring are separate seasons.

I hereby grant permission for my child to participate in the Alexander Soccer Club's Recreation Program. In granting permission, I voluntarily assume all risk of injury, accident, damage, and/ or loss to my child as a result of participation in the program. Therefore, I agree to release Alexander Local Schools and the Alexander Soccer Club, including its officers and any local individuals acting on behalf of the entire entity, from responsibility for any and all damage and injury of any kind as a result of my child's participation, except those from gross negligence.

Parent/Guardian Signature: _____

Medical Information: Should my child become injured during a soccer activity, I hereby give my consent to have Emergency Services and/or O'Bleness Hospital treat such injury. My child has the following medical problems, allergies, and/or medications:

Parent/Guardian Signature: _____

Concussion Information: I have read the Ohio Department of Health Concussion Information sheet for youth sports. The sheet is available on our website at www.alexandersoccerclub.com.

Parent/Guardian Signature: _____

Sudden Cardiac Arrest: I have read and watched the video about Sudden Cardiac Arrest information available on the our website www.alexandersoccerclub.com.

Parent/Guardian Signature: _____

Please note any siblings playing this season and their grade: _____

Coaching Information: I will coach. I can help someone else coach. Maybe

Name and Phone Number: _____ **Coach Shirt Size** _____