

# Seymour Soccer Assoc. Registration Form

**Mail Completed Registration Form to:**  
**Seymour Soccer Association**  
**P.O. Box 397 Seymour, CT 06483**

Make Checks Payable to "SSA"  
 Registration Deadline; Forms must be postmarked no later than  
 Friday, May 29, 2009  
 Interested in travel soccer U10 div and above? Y

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_ Area code \_\_\_\_\_ Telephone \_\_\_\_\_ / / \_\_\_\_\_  
 month day year Birth date Male = M Coach=C Coach's  
 Female = F Player=P License Level

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Cell/Bus. Phone \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Cell/Bus. Phone \_\_\_\_\_

Email address 1 \_\_\_\_\_ Email address 2 \_\_\_\_\_

List any medical problems/ prohibitions player has \_\_\_\_\_  
 Person to notify in emergency \_\_\_\_\_ Telephone \_\_\_\_\_  
 Doctor to notify in emergency \_\_\_\_\_ Telephone \_\_\_\_\_

Last Fall Team \_\_\_\_\_ Age Group \_\_\_\_\_ Div. \_\_\_\_\_ Date Last Season \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ School \_\_\_\_\_ Grade in Fall 2009 \_\_\_\_\_  

Last Fall Sizes	Uniform Sizes (Socks Included)	<u>YOUTH</u>	<u>ADULT</u>	Other Family Children Registered with SSA
	SHIRTS	S M L XL	S M L XL	Name _____ Age _____
	SHORTS	S M L XL	S M L XL	Name _____ Age _____

**VOLUNTEER SUPPORT**

We ask for active participation of all parents in our program. Check area(s) in which you would be willing to help

Coach                       Committee                      Volunteer Name \_\_\_\_\_                      Shirt Size \_\_\_\_\_  
 Asst. Coach                       Referee  
 Team Parent                       Clerical                      Birthdate \_\_\_\_\_

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT (MINOR)**

As the parent or legal guardian of the above-named player, I hereby give 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 the life, limb or well being of my dependent.

X \_\_\_\_\_  
 Signature of Parent or Guardian

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**OFFICIAL USE ONLY**

Birth Certificate     Yes     No

Player Fee                      \$ \_\_\_\_\_

Other                              \$ \_\_\_\_\_

TOTAL                              \$ \_\_\_\_\_

Cash   

Check     No: \_\_\_\_\_                      Date \_\_\_\_\_

Received By \_\_\_\_\_