

Seymour Soccer Association Registration Form – Spring 2010. See website for further information at www.seymoursoccer.org ONE FORM PER CHILD. PLEASE PRINT LEGIBLY.

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 March 20, 2010. If postmarked thereafter, a \$20 late fee applies. If late fee not included, check will be returned.

Last Name _____ First Name _____ *Check if new to SSA _____
 Address _____ City & State _____
 _____ / _____ / _____
 Zip Code Telephone month day year Male = M
 Birth date Female = F

Father's Name _____ Cell Phone _____
 Mother's Name _____ Cell Phone _____

Email address _____

List any medical problems or prohibitions player has: _____

Person to notify in emergency _____ Telephone _____

Doctor to notify in emergency _____ Telephone _____

VOLUNTEERS NEEDED – A successful SSA program depends on you!
 Please Help -- Write first name here: _____

Coach Asst. Coach Team Parent Field Prep Other _____

Travel Soccer

Is your child interested in playing U10 travel and above? (Please check)

Fall _____ Winter _____ Spring _____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the CJSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the CJSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the CJSA, 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.

Name of Parent or Legal Guardian (please print) _____

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.

Signature: _____

Date: _____

LEAGUE USE ONLY

Birth Certificate Yes No

Player Fee \$ _____

Other \$ _____

TOTAL \$ _____

Cash

Check No: _____ Date _____

Received By _____