

STOW SOCCER CLUB

www.stowsoccerclub.com

Registrar: Zoe Walsh, 4790 Lawson Dr., Stow, OH 44224

In-House Registration

Gender MALE FEMALE

DOB _____ / _____ / _____
Month Day Year

NEW PLAYER In-House Coach's Name _____ In-House Team # _____
 RETURNING PLAYER
 CHANGE/CORRECTION School _____

Last Name _____ First Name _____ M.I. _____
Address _____ City _____ State OH Zip _____

Phone _(_____) _____ Email _____

Father's Name _____ Occupation _____ Cell _(_____) _____
Mother's Name _____ Occupation _____ Cell_(_____) _____

Mother's Month and Day of birth (used to assign player a league identification number) _____ / _____
Month Day

List any medical problems or medications taken _____

Preferred Dentist _____ Phone _(_____) _____
Preferred Doctor _____ Phone _(_____) _____

Person to notify in an emergency if neither parent is available _____
Phone _(_____) _____ Relationship to player _____

CONSENT FOR USE OF PHOTOGRAPHY

Initial here

As the parent/ guardian of the registrant, I hereby give consent for photography of Stow Soccer Club activities which may include my dependent to be published in print or online format as the club deems appropriate.

GAASA CODE OF CONDUCT

Initial here

I have read, understand and agree to abide by the GAASA Code of Conduct. I also agree to accept actions taken by GAASA and/ or the Club for failure to conform to the Code of Conduct.

LIABILITY RELEASE

Initial here

I, the parent/ guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of US Youth Soccer, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for US Youth Soccer accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/ or otherwise indemnify US Youth Soccer, its affiliated organizations and sponsors, their employees and associated personnel, including 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 of from the same, which transportation I hereby authorize.

CONSENT FOR MEDICAL TREATMENT

Initial here

As the parent/ guardian of the registrant, 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.

Parent's Name (Please print) _____

Parent's Signature _____ Date _____

Player's Signature _____ Date _____

IN-HOUSE UNIFORM

	S	M	L	AS
SHIRT \$14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOCKS \$ 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VOLUNTEER OPPORTUNITIES — We are a parent-run organization. Our success is dependent on your participation. Please check areas of interest:

- | | |
|--|--|
| <input type="checkbox"/> Coach | <input type="checkbox"/> Board Member |
| <input type="checkbox"/> Asst. Coach | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Field Preparation | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Equipment | <input type="checkbox"/> Promotion/Publicity |

FOR CLUB USE ONLY

List only fees for this child on this form. Siblings should be listed on their own forms. A \$10 discount applies to each additional child per family.

Player Fee \$ _____
Uniform Fee \$ _____
Other \$ _____
Discount - \$ _____ Reason _____
Discount - \$ _____ Reason _____

TOTAL \$ _____

Cash Check # _____

Received by _____ Date _____

Notes: