



# STOW SOCCER CLUB

## Indoor Soccer School Registration Form

WINTER 2011-2012

[www.stowsoccerclub.com](http://www.stowsoccerclub.com)

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  MALE  FEMALE  
Month Day Year

Fall In-House  Fall Travel Team \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

List any medical problems or medications taken \_\_\_\_\_

Preferred Dentist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Preferred Doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Person to notify in an emergency parent(s) not available \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Relationship to player \_\_\_\_\_

### LIABILITY RELEASE

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 or from the same, which transportation I hereby authorize.

### CONSENT FOR MEDICAL TREATMENT

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 Signature \_\_\_\_\_ Date \_\_\_\_\_

### PAYMENT INFO

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 \$ 75.00 (\$60 for Program 1 ages 6-8)

2nd child discount - \$ \_\_\_\_\_  Check here if you are interested in coaching (no additional discounts apply)

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

MAIL COMPLETED FORM WITH CHECK PAYABLE TO "STOW SOCCER CLUB" TO: Registrar, 4790 Lawson Dr., Stow, OH 44224