

# STOW SOCCER CLUB

www.stowsoccerclub.com

# Travel Registration

Gender  MALE  FEMALE

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

- NEW PLAYER — **MUST include a 1"x1" color photo and copy of birth certificate**
- RETURNING PLAYER
- CHANGE/CORRECTION

Travel Team Name \_\_\_\_\_ U-Age \_\_\_\_\_ Div. \_\_\_\_\_

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 \_\_\_\_\_

### 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.

### 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 or 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.

### 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.

### PLAYER RELEASE WAIVER

\_\_\_\_\_  
Initial here

I understand that my child, \_\_\_\_\_, by registering for the fall with team \_\_\_\_\_ of the Stow Soccer Club is committing to play with this team for the entire soccer year and that the club will respect that commitment. However if we fail to affirm this commitment, through whatever process used by the club for all of its players, by the posted team registration date for spring play in the league in which the team plays we accept the decision of the club to release our child from this commitment.

Parent's Name (Please print) \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Player's Signature \_\_\_\_\_ Date \_\_\_\_\_

Preferred Dentist \_\_\_\_\_

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

Preferred Doctor \_\_\_\_\_

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

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

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

Relationship to player \_\_\_\_\_

### UNIFORM

	Youth			Adult			
	S	M	L	S	M	L	XL
SHIRT \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SHORTS \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOCKS \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### FEE TOTALS

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 \$ 100.00

Uniform Fee \$ \_\_\_\_\_

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

2nd child discount - \$ \_\_\_\_\_

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

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

FOR CLUB USE ONLY:

Cash  Check # \_\_\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_