



STOW
SOCCER CLUB

TRAVEL
Registration

- NEW PLAYER
 RETURNING PLAYER
 CHANGE/CORRECTION

Gender MALE FEMALE
 DOB ____ / ____ / ____

ALL NEW TRAVEL PLAYERS MUST SUBMIT A 1X1" COLOR FACE PHOTO AND COPY OF BIRTH CERTIFICATE WITH REGISTRATION.
ALL FALL TRAVEL PLAYERS NEED TO SUBMIT A 1X1" COLOR FACE PHOTO WITH REGISTRATION. WE WILL NOT PROCESS REGISTRATION WITHOUT THEM!

Travel Team Name _____ U-Age _____ Div. _____ This team is ___ Primary ___ Secondary

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 _____

Doctor _____ Phone (_____) _____

Dentist _____ Phone (_____) _____

Person to notify in an emergency parent(s) not 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.

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 (Fall season registrants only)

Initial here _____

I understand that my child, _____, by registering for the fall with a team of the Stow Soccer, 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 _____

VOLUNTEER!

We are a volunteer-run organization, and our success is based on parent involvement. Volunteering can merit a player fee discount. Please check area of interest and a Board member will contact you with more information.

- Field maintenance—paint lines on fields, check goals
 Fundraiser apparel sales—take and process orders
 Coaching—licensing, background check required.
 NEW! Cleat exchange program—promote, coordinate

UNIFORM

	Youth			Adult			
	S	M	L	S	M	L	XL
SHIRT \$ 26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SHORTS \$ 22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHECKS PAYABLE TO STOW SOCCER CLUB

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 \$ _____

If you wish to be considered for a discount due to financial hardship, check here and a Board member will contact you.

SEND FORM AND CHECK FOR TOTAL PAYMENT TO:
Registrar, 4790 Lawson Dr., Stow, OH 44224
 Returned checks will incur a \$20 penalty.

FOR CLUB USE ONLY: ___ Birth Certificate ___ Photo

Cash Check # _____ Recd by _____
 Notes: _____ Date _____