STOW SOCCER CLUB

IN-HOUSE Registration

☐ NEW PLAYER
☐ RETURNING PLAYER
☐ CHANGE/CORRECTION

Gender ☐ MALE ☐ FEMALE
DOB _____ /_____ /_____

Last Name _____ First Name _____ M.I. _____

Address _____ City _____ State OH Zip _____

Phone _(_____)_____ Email _____

School _____

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.

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 _____

Register for automatic email updates at:
WWW.STOWSOCCERCLUB.COM

Follow us on Twitter and Facebook, too!

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
- ☐ Fundraising committee—develop coordinate new ideas
- ☐ In-house volunteer—background check required
- ☐ Kick for Nick—collection of used soccer balls for our military to give to children in Iraq and Afghanistan

T-SHIRT (Included in player fee)

	S	M	L	AS
SHIRT SIZE	☐	☐	☐	☐

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	$ **50.00**
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:

☐ Cash ☐ Check # _____ Recd by _____

Notes: Date _____