



Springfield Soccer Association Registration Form

www.springfield-soccer.com | Phone: 419.350.0714

Spring 2012: Form(s) with payment must be postmarked by February 29, 2012.
Late fee of \$25.00 per family applies to registrations received after February 29, 2012.

Player Information

New Player Returning Player • Boy Girl • Seasons Played: Recreational _____ Competitive (travel, etc) _____

Last Name: _____ First Name: _____ Middle: _____

Player DOB: ____/____/____ School: _____ Grade: _____ High School Player? JV Varsity

Any Medical Condition: _____ Fall 2011 coach: _____

For insurance purposes we need... Mother's Birth Month: _____ Mother's Birth Day: _____

Parent/Guardian Information

Parent/Guardian Last Name: _____ First Name: _____ # Players Playing for SSA: _____

Address: _____ City: _____ Zip: _____

E-Mail: _____ Home #: _____ Cell#: _____ Text: Yes No

Secondary Emergency Contact Name: _____ Secondary Emergency Contact Number: _____

Please select two practice days by placing a "1" and "2" next to your first and second choice. Section left blank will indicate no preference. Practice sessions are held between the hours of 5:00 - 7:00 pm. **Players registering after deadline will be placed as needed.**

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

REQUESTS

SSA will form teams blindly based on the night players are available to practice. Whenever possible, players from the same household will be given the same practice night but this cannot be guaranteed. No other requests will be considered. Every effort will be made to keep teams together from Fall to Spring but this will not always be possible. Any request to transfer a player must be submitted in writing for consideration by the board (except to correct practice night/household requests)

Parent/Guardian Signature: _____ Date: _____

WAIVER OF LIABILITY

By checking the box below, I the parent/guardian for the above child release, discharge and/or otherwise indemnify the organization/league/club for which I am registering the child to play, Springfield Soccer Association, US Youth Soccer, the Ohio Youth Soccer Association North, its affiliated sponsors, employees and associated personnel, including the owners of fields and facilities utilized against any claim by or on behalf of the registrant as a result of his or her participation.

Parent/Guardian Signature: _____ Date: _____

GENERAL CONSENT FOR MEDICAL TREATMENT

By checking the box below, I give my consent to have an athletic trainer, coach paramedic, and/or doctor of medicine or dentistry provide medical assistance and/or treatment. I agree to be financially responsible for the reasonable cost of such assistance and/or treatment. This consent does not apply to major surgery unless surgery must be performed to treat an emergency condition. Attempts will be made to contact parents of players participating in the program based on information provided on this form.

Parent/Guardian Signature: _____ Date: _____

FEES: (PLEASE NOTE: NO REFUNDS)

- \$40 per child (ages 6+ on 8/1/2011)
 - \$25 per child (ages 3-5 on 8/1/2011)
 - \$15 per Jersey fee (if needed)
 - \$25 Late Fee (after Feb 29th)
- \$ _____ Total Enclosed

You must have black shorts, black socks and a blue/white reversible Springfield Soccer jersey to play. Cleats are suggested but not required.

If you do not have a jersey, please check a size below (and include \$15);

Youth Sizes: Small Medium Large

Adult Sizes: Small Medium Large X-Large

*Black socks, shorts, and cleats can be purchased at any sporting goods store.

Please consider coaching, it entitles your child to play for free.

Mail completed form with payment to: Springfield Soccer Association, PO Box 184, Holland, OH 43528

S.S.A. USE ONLY

Date Received: _____

Check #: _____

Amount: _____