**Seymour Soccer Association**

**2016 Fall Soccer Player Registration**

**Fee Schedule:**

**$45 June 1 – July 1, 2016 (Early Registration)**

**$50 July 2 – August 12, 2016**

**$25 for TOTS - birth years 2012/2013 (All TOTS games are on Thursday evenings)**

**Registration closes August 12, 2016. NO LATE REGISTRATIONS WILL BE ACCEPTED**

***Games will begin the week of Sept. 10th and run thru week of Oct. 24th***

Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender: M / F

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: / /

Preferred Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shirt Size: YXS(4/6) YSM(6/8) YMED(8/10) YLG(10/12) SM MED LG XLG XXLG **CIRCLE ONE PLEASE**

*\*If you**have requested to coach, please also circle a shirt size for yourself*

School your child currently attends:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care provided by a duly licensed Doctor of Medicine, Doctor of Dentistry, Nurse Practitioner, Registered Nurse or other Emergency Personnel. This care may be given under whatever conditions necessary in order to preserve the life, limb or well-being of the above named player.**

**YES / NO I release the Seymour Soccer Association to use my child’s photograph(s) in future publications, including the Seymour Soccer Website and Seymour Soccer Facebook page.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/ Guardian Printed Name Date

\_\_\_\_ YES! I want to coach for my child’s team. I understand that to be a coach I will need to submit a background thru Soccer Indiana and the Recreation Director will guide me in this process. (The registration fee will be waived for each coach)

\_\_\_\_ NO, I am not interested in coaching.

Please check all that apply: \_\_\_\_\_ Recreation board member \_\_\_\_\_ Team communications \_\_\_\_\_ Assistant Coach

Registration can be mailed to: Seymour Soccer Association, P.O. Box 1152, Seymour, IN 47274

Office Use Only

Date received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_