



Player Registration Form

District (school/neighborhood): _____

Player Information (student, not the parent)

Sport: **Soccer** Year: _____ Season (circle one): **fall** **spring**
 Player's Last Name: _____ First Name: _____
 Boy: ___ Girl: ___ Player's date of birth: __-__-____ ****proof of age may be required****
 Players age as of 7/31 this year (circle one): **5, 6, 7, 8, 9, 10, 11, 12, 13.**
 School attending during this season: _____ Grade _____ (current)
 Was this player on an SAY soccer team in the **spring** season of this calendar year? yes ___ no ___

Parent/Guardian Information

Parent/Guardian #1): _____
 Address: _____ City: _____ Zip: _____
 Phone: home _____ work _____ cell _____
 E-mail: home _____ work _____
 Preferred e-mail for team communications: home ___ work___ both___

Parent/Guardian #2): _____
 Address: _____ City: _____ Zip: _____
 Phone: home _____ work _____ cell _____
 E-mail: home _____ work _____
 Preferred e-mail for team communications: home ___ work___ both___

Consent for emergency medical treatment

We the Parents of _____ give permission for emergency medical treatment of our child for illness or accident if we cannot be contacted.
 Emergency Phone: Parent/Guardian Name: _____ Phone: _____
 Person to notify other than parent in case of emergency: Relationship: _____
 Name: _____ Phone: _____
 Does your child have any allergies or require any special medication: yes ___ no ___
 Explain: _____

We hereby agree that the Soccer Association for Youth (SAY) - its members, coaches, or officers shall not be liable for any injury or loss which my child may sustain while participating in activities of any kind whether sponsored by or under the supervision of SAY. And we agree to indemnify and hold harmless SAY - its members, coaches, officers or designates of any kind from any claim whatsoever.

 Parent's/Guardian's Signature Date

Volunteer Sign Up

I would like to volunteer to help. Name: _____
 Head coach:___ Assistant coach:___ Referee:___ SAY District (school):___ Cincinnati East SAY: ___
 Other: _____

District Rep Verification:

Eligible to play in District? ___ Yes. ___ No. Dist. Rep. Signature; _____ Date: _____