



Soo Soccer Association 2008 Player Registration

Please select player by gender and birth year



MALE PLAYER

- Born in 2003 or 2002 (U6)
- Born in 2001 or 2000 (U8)
- Born in 1999 or 1998 (U10)
- Born in 1997, 1996 or 1995 (U13)
- Born in 1994, 1993 or 1992 (U16)
- Born in 1991 or 1990 (U18)

FEMALE PLAYER

- Born in 2003 or 2002 (U6)
- Born in 2001 or 2000 (U8)
- Born in 1999 or 1998 (U10)
- Born in 1997, 1996 or 1995 (U13)
- Born in 1994, 1993 or 1992 (U16)
- Born in 1991 or 1990 (U18)

PLAYERS NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____ **LIVE INSIDE CITY LIMITS: YES/NO**

TELEPHONE #: _____ EMERGENCY #: _____

DATE OF BIRTH: ____/____/____ **BIRTH CERTIFICATE MUST BE PRESENTED FOR VALIDATION**

YEARS OF SOCCER EXPERIENCE: _____ EMAIL ADDRESS: _____@_____

OTHER SPORTS PLAYED: _____

PARENT NAME: _____ MOTHER FATHER

ADDITIONAL PARENT: _____ MOTHER FATHER OTHER

PARENT VOLUNTEER COACH: COACH ASSISTANT COACH *Years of Coaching Experience:*
Prior experience is not required. All Volunteer Coaches will receive certification training and are subject to league approval.

PAYMENT INFORMATION: 1ST CHILD \$40.00 EACH ADDITIONAL CHILD \$35.00 Late Fee \$5.00
CHECK #: _____ AMOUNT: \$ _____ # OF PLAYERS: _____

SEPARATE VOLUNTEER CHECK REQUIRED!

MANDATORY VOLUNTEER DEPOSIT CHECK: PER FAMILY \$25.00 CHECK #: _____

LIABILITY WAIVER & CONSENT TO EMERGENCY TREATMENT

I acknowledge that I am the parent or legal guardian of the above child. I hereby give my approval for my child to participate in any and all activities authorized by the Sault Soccer Association. I assume all risks and hazards incidental to such participation, including transportation to and from such activities. I hereby waive, release, absolve, indemnify and agree to hold harmless the Sault Soccer Association, its officers, volunteers and agents: the City of Sault Ste Marie, the Sault Area Schools and all employees, volunteers or agents of these organizations, and any persons transporting my child to or from activities, from any claims arising out of any injury to my child, whether the result of negligence or any other cause. To the best of my knowledge, my child is medically able to participate in all activities of soccer or outdoor athletics. In the event of an emergency, if my family physician cannot be reached, I hereby authorize my child to be treated by another licensed physician who is available.

PARENT/GUARDIAN SIGNATURE: _____

PRINTED NAME _____ Date: _____

Family Physician's Name: _____ Phone # _____

LIST ANY DISABILITIES, MEDICATIONS, ALLERGIES, PRIOR INJURIES, MEDICAL CONDITIONS OR CONCERNS:

NOTE: Failure to list any of the above information could result in removal from the league without refund and could affect the safety of your child.