

Soccer Club Registration Form

Student Name: _____ Grade: _____ Male Female

Years of soccer experience: _____ Friend request:(No guarantee) _____

Sibling names (if in the same age grp) _____

Experience Rating: Please check the rating that best fits your child's skill level

Beginner

Average

Above Average

Parents Names: _____

Email: _____

Home Phone: _____ Cell# Phone: _____

Emergency Contact Person &Phone#: _____

Health Insurance Name & Group#: _____

Medical concerns: _____

Additional concerns coach needs to know about: _____

Children Shirt Size:

Youth Small (6-8)

Youth Medium (10-12)

Youth Large (14-16)

Adult Small

Volunteer coaches needed

(Each team needs a coach and assistant)

Head Coach : _____ Cell # _____

Assistant Coach: _____ Cell # _____

Referee: _____ Cell # _____

Volunteer T-Shirt Size:

Adult Small

Adult Medium

Adult Large

Adult XL

-----Club Use Only -----

Check # _____ Cash \$ _____ Bowling \$ _____ Total \$ _____

Liability Waiver: By signing this registration form I acknowledge that the risk of injury is possible while my child is participating in the Seneca Soccer Club Soccer Program. I agree to waive all claims against and hold harmless the Wattsburg School District, Seneca Soccer Club, all players and all volunteers of this program. I hereby acknowledge that the soccer club does not carry health insurance and understand that my child is required to have health insurance in order to participate in the club. I confirm that my child is in good health and able to participate in the Seneca Soccer Club Program.

Parent Signature: _____

School rules: NO running, kicking the ball, or playing in the halls or cafeteria. Parents are responsible for keeping their kids in the gym only. Hallway cameras and the school principal enforce rules. Kids can be suspended from the club for breaking any school rules during soccer time.

Supervision: I understand that I must supervise my child at all times while he/she is participating in the soccer program. There is no running, kicking the ball, or playing in the hallways or cafeteria. I understand that I am not allowed to leave my child unsupervised with the coach at any time during the soccer season. I further understand that the coaches are volunteers and are not allowed to be alone with the children at any time while participating in the soccer program.

Good Sportsmanship: I understand that my child must follow the Wattsburg School Rules and Soccer Club Policies at all time while participating in the Seneca Soccer Club Program. All players must promote good sportsmanship at all times. In the event my child does not promote good sportsmanship, the coach will instruct my child to take a break from the game. My child may resume play at the discretion of the coach.

Parent Assistance: I understand that it is my responsibility to assist the coach if my child is hurt, upset, showing signs of poor sportsmanship and/or acting out.

I hereby acknowledge that I have read all the information listed above.

Parent/Guardian Signature

Date

Witness

Date