



Fall 2008 Registration Form

Player's Last Name _____ First Name, Middle Initial _____

Sex: Male Female Birth date ____/____/____ (**NEW PLAYERS MUST PROVIDE BIRTH CERTIFICATE**)

Player's age on 7-31-08 _____ (must be 4yrs old) Circle Team Division: U6 U8 U10 U12 U14 U17 U19

Home Phone Number _____ **Mother's Birthdate (MM/DD)** _____ (required for registration id#)

Address _____ City & Zip _____

Mother's Name/Address/Phone _____

Father's Name/Address/Phone _____

Family Email Address _____ School _____

Please indicate player Shirt Size (*Shirts will be ordered based on this information - they run small*)

Youth Sm (6-8) Youth Med (10-12) Youth Lg (14-16) Adult Sm Adult Med Adult Lg
(Sample shirts for sizing consideration will be available at registrations)

Coed (Y/N) _____ if no girls team available ** Played for another club LAST season (Y/N) _____ Club Name _____

Classic Teams: [] U12 Coed – Coach Mike Kaut TRYOUTS: June 4th 6pm Four Mile Elem School

We Need Your Help! - Please indicate if interested in volunteering:

- | | |
|---|--|
| <input type="checkbox"/> Head Coach —Coach my child's team | <input type="checkbox"/> Referee —We pay our referees! |
| <input type="checkbox"/> Assistant Coach —Help coach my child's team | <input type="checkbox"/> Field maintenance —Paint fields, hang nets, etc. |
| <input type="checkbox"/> Field Day Volunteer —assist in a single pre-season day of club-wide field maintenance | <input type="checkbox"/> Club Board Officer —Help manage the club and plan for the future of Pleasant Hill Soccer |

CONSENT FOR MEDICAL TREATMENT AND ISA RELEASE:

As the parent or legal guardian of the player named on the registration, I hereby give my consent for emergency medical care prescribed by a duly Licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent. I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Iowa Soccer Association (ISA), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for ISA accepting the registrant for its soccer programs and activities (the "programs"), I hereby release, discharge and/or otherwise indemnify ISA, its affiliated organizations and sponsors, their employees and associate personnel, including the owners of fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from same, which transportation I hereby authorize.

MEDICAL INFORMATION

Emergency Contact: _____ Phone: _____

Physician: _____ Phone: _____ Hospital: _____

Medical Condition Coach should be aware of: _____

Parent/Guardian's Signature: _____

Office only: Date Paid _____ Amount Paid _____ Check # _____ Cash