



# Spring 2010 Player 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 7-31-09 \_\_\_\_\_ (must be 4yrs old) Team Division: **U6 U8 U10 U12 U14 U16 U19**

Returning Player Y/N \_\_\_\_\_ Team/Coach \_\_\_\_\_ #of seasons playing soccer \_\_\_\_\_

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 (REQUIRED) \_\_\_\_\_ School \_\_\_\_\_

### Shirt Size – (sample shirts available at walkin registration – shirts do run somewhat small)

Youth Sm (6-8)  Youth Med (10-12)  Youth Lg (14-16)  Adult Sm  Adult Med  Adult Lg

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

- Head Coach**—Coach my child's team
- Assistant Coach**—Help coach my child's team
- Field Day Volunteer**—assist in a single pre-season day of club-wide field maintenance
- Referee**—We pay our referees!
- Fields** – Stripe weekly for games (paid position)
- 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: \_\_\_\_\_

\_\_\_\_Your initials represent that you have read, and agree, to follow the Code of Conduct Policy for PHSC.

Office only: Date Paid \_\_\_\_\_ Amount Paid \_\_\_\_\_  Check # \_\_\_\_\_  Cash