



Simply Soccer



Recreational Soccer League Registration 2004

\$45 Registration deadline is June 30th – Late Registration is \$55 after June 30th

Player Information:

Last Name _____ First _____ MI _____
 Street _____ City _____ State _____ Zip _____
 Phone _____ Sex M ___ F ___ Birth date _____ Grade: _____ School _____
 Number of prior seasons played _____ Date of last season _____ League _____

Check **only** if player *requests* to play in division above his/her age group. Below are the divisions and birth date ranges of players.
 U6 (8/98 to 7/00) U8 (8/96 to 7/98) U10 (8/94 to 7/96) U12 (8/92 to 7/94) U14 (8/90 to 7/92) U16 (8/88 to 7/90)

Parent Information and Volunteer Support:

Father's Last name _____ First _____ Work Ph _____ Cell Ph _____
 Address if different _____ HmPh _____ E-mail _____

Father will help: Coach _____ Assist. Coach _____ Team Parent _____ Field Maint. _____ Referee _____ Other: _____
 Jazz Festival (June) _____ Blues Festival (Sept) _____ Picture Day (Sept) _____ Harvest Cup (Oct) _____ Fund Raising _____ Board Member _____

Mother's Last Name _____ First _____ Work Ph _____ Cell Ph _____
 Address if different _____ HmPh _____ E-mail _____

Mother will help: Coach _____ Assist. Coach _____ Team Parent _____ Field Maint. _____ Referee _____ Other: _____
 Jazz Festival (June) _____ Blues Festival (Sept) _____ Picture Day (Sept) _____ Harvest Cup (Oct) _____ Fund Raising _____ Board Member _____

We are a grass roots, volunteer based organization and ask for active participation from all parents in our program. Check areas above in which you would be willing to help and we will be in touch with you. THANK-YOU.

Emergency Information:

Person to notify in emergency (other than parent) Name _____ Phone _____ Relation _____

Doctor _____ Phone _____

List any Medical Conditions: _____

Important

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Simply Soccer Association (S.S.A.) and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for S.S.A. accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify the S.S.A., its affiliated organizations and sponsors, their employees and associated 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 the same, which transportation I hereby authorize.

Name (print) _____ Signature X _____
 Parent or Legal Guardian

Consent for Medical Treatment (Minor)

As the Parent or Legal guardian of the above-named player, I hereby give consent for emergency medical care 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.

Signature X _____ Address _____
 Parent or Legal Guardian

City _____ State _____ Zip _____ Phone _____

Registration Fee: **\$45** per player Please make check payable to: **Simply Soccer** **Hotline: 707-583-2344**
Late Registration: \$55 per player (after 6/30) Mail registration form and payment to: **P.O. Box 2536** **Sebastopol, CA 95473**

Willing to sponsor another player? Add a \$5.00 tax deductible donation to your registration fee

Refund requests must be made in writing and postmarked no later than August 31, 2004.

Official Use Only

Registration Fee (amt.) : \$ _____ (Ck. #) _____ (Cash) _____ Date _____ Age group: _____

Visit us at www.playsimplysoccer.org