

Skiatook Soccer Club Registration Form



OFFICIAL USE ONLY. DO NOT COMPLETE!

AGE GROUP: _____ TEAM: _____

P L A Y E R	Last Name _____ First Name _____
	Address _____ City _____ State _____ Zip _____
	Date of Birth _____ Gender: M / F (Circle One)
	Phone () _____ Email: _____

P A R E N T	Father's Name _____ Address _____
	City _____ State _____ Email _____ Phone () _____
	Mother's Name _____ Address _____
	City _____ State _____ Email _____ Phone () _____
	List player medical condition or restriction _____
	Emergency Contact _____ Relationship _____ Phone () _____
	Emergency Physician Contact _____ Phone () _____
Last season played (Circle one) Fall / Spring 20__ Team/Coach Request _____	
*Please note that team/coach request cannot be guaranteed	

<p>Liability Release I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of Skiatook Soccer Club (SSC), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the SSC accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the SSC, 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.</p> <p>Consent For Medical Treatment of Minor As the parent or legal guardian of the above-named player, I hereby give 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.</p> <p>Concussion Notification Policy If my child is diagnosed with a concussion during a Skiatook Soccer activity, or during ANY OTHER ACTIVITY, including those outside soccer activities, or if my player has a prior head injury, I will inform my child's Coach of such diagnosis prior to the start of the season and before my child returns to play.</p> <p>Refund Policy I have read, understand and agree to the refund policy of the Skiatook Soccer Club as described in the By Laws and Standing Resolutions.</p> <p>Guardian/Parent Name _____</p> <p>Signature _____ Date _____</p>	<p>Volunteer Support Skiatook Soccer Club operates solely through volunteerism. We encourage active participation of all parents in our club. Please check any areas in which you would be willing to help.</p> <p><input type="checkbox"/> Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Fund Raising <input type="checkbox"/> Board Member <input type="checkbox"/> Club Donor/Sponsor <input type="checkbox"/> Field Preparation</p> <p>OFFICIAL USE ONLY</p> <p>Birth Certificate Verification Completed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Registration Fee Payment</p> <table> <tr> <td>Player Fee</td> <td>\$ _____</td> <td>Received By</td> <td>_____</td> </tr> <tr> <td>Discount</td> <td>\$ _____</td> <td>Date</td> <td>_____</td> </tr> <tr> <td>Donation</td> <td>\$ _____</td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td>\$ _____</td> <td></td> <td></td> </tr> <tr> <td>Cash</td> <td><input type="checkbox"/></td> <td>\$ _____</td> <td></td> </tr> <tr> <td>Check #</td> <td>_____</td> <td>\$ _____</td> <td></td> </tr> </table>	Player Fee	\$ _____	Received By	_____	Discount	\$ _____	Date	_____	Donation	\$ _____			Total	\$ _____			Cash	<input type="checkbox"/>	\$ _____		Check #	_____	\$ _____	
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