## **Skiatook Soccer Club Registration Form**

## **OFFICIAL USE ONLY. DO NOT COMPLETE!**





Last Name	AGE GROUP: TEAM:			
Address				
Address		Last Name First Name		
Phone ( ) Email:    Phone ( ) Email:   Phone ( )   Phone ( )	Α	Address City	State Zip	
P Father's Name		Date of Birth Gender: M / F (Circle One)		
CityStateEmailAddress		Phone ( Email:		
CityStateEmailAddress	Р	Father's Name Address		
Mother's Name				
List player medical condition or restriction  Emergency Contact  Emergency Physician Contact  Last season played (Circle one) Fall / Spring 20  Team/Coach Request  Please note that team/coach request cannot be guaranteed  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, accepting the registrant so remains a result of the registrant so report otherwise indemnify the SSC, accepting the registrant so report otherwise indemnify the SSC, accepting the registrant so report otherwise indemnify the SSC, accepting the registrant so remains a result of the registrant so participation in the season and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant so participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.  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.  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.  Refund Policy  I have read, understand and agree to the refund policy of the Skiatook Soccer Club as described in the B		Mother's Name Address		
List player medical condition or restriction		City State Email	Phone ()	
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Total J		I have read, understand and agree to the refund policy of the Skiatook Soccer Club as	Player Fee         \$	
Cash		Guardian/Parent Name	Total Ś	
Signature         Date         Check # \$			Cash	
		Signature Date	Check # \$	