

STOW SOCCER CLUB

www.stowsoccerclub.com

Registrar: Zoe Walsh, 4790 Lawson Dr., Stow, OH 44224

Travel Team Registration

Gender MALE FEMALE

DOB ____/____/____
Month Day Year

NEW PLAYER — **MUST include a 1"x1" color photo and copy of birth certificate**

RETURNING PLAYER

CHANGE/CORRECTION

SSC Team _____ Age Group _____ Division _____

Last Name _____ First Name _____ M.I. _____

School _____ Prior Team/ Club _____ Last Season Fall Spring Year _____

Address _____ City _____ State OH Zip _____

Phone (____) _____ Email _____

Father's Name _____ Occupation _____ Cell (____) _____

Mother's Name _____ Occupation _____ Cell (____) _____

List any medical problems or medications taken _____

Preferred Dentist _____ Phone (____) _____

Preferred Doctor _____ Phone (____) _____

Person to notify in an emergency if neither parent is available _____

Phone (____) _____ Relationship to player _____

LIABILITY RELEASE

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

CONSENT FOR MEDICAL TREATMENT

As the parent/ guardian of the registrant, 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.

Name (Please print) _____

Signature _____ Date _____

CONSENT FOR USE OF PHOTOGRAPHY

As the parent/ guardian of the registrant, I hereby give consent for photography of Stow Soccer Club activities which may include my dependent to be published in print or online format as the club deems appropriate.

YES NO _____ Initial here

GAASA CODE OF CONDUCT

We, the undersigned, have read, understand and agree to abide by the GAASA Code of Conduct. We also agree to accept actions taken by GAASA and/ or the Club for failure to conform to the Code of Conduct.

Player signature _____ Date: _____

Parent/ guardian signature _____ Date: _____

UNIFORM

	Youth					Adult				
	XS	S	M	L	XL	XS	S	M	L	XL
SHIRT \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SHORTS \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOCKS \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VOLUNTEER OPPORTUNITIES — We are a parent-run organization. Our success is dependent on your participation. Please check areas of interest:

- Coach
- Asst. Coach
- Field Preparation
- Equipment
- Board Member
- Fundraising
- Special Events
- Promotion/Publicity

FOR CLUB USE ONLY

List only fees for this child on this form. Siblings should be listed on their own forms. A \$10 discount applies to each additional child per family.

Code of Conduct Birth certificate Photo

Player Fee \$ _____

Uniform Fee \$ _____

Other \$ _____

Discount - \$ _____ Reason _____

Discount - \$ _____ Reason _____

TOTAL \$ _____

Cash Check # _____

Received by _____ Date _____

Notes: