

Seymour Soccer Association

2019 Spring Soccer Player Registration

Fee Schedule:

\$45 Oct. 20-Dec.31,2018 (Early Registration) for birth years 2005-2014

\$50 Jan. 1-Mar 8,2019 for birth years 2005-2014

\$25 for TOTS - birth years 2015/2016 (All TOTS games are on Thursday evenings)

Registration closes March 8, 2019 - NO LATE REGISTRATIONS WILL BE ACCEPTED

Games will begin the week of April 1 and run thru week of May 13,2019

*Registration can be mailed to: Seymour Soccer Association, P.O. Box 1152, Seymour, IN 47274

*Online registrations can be done by clicking the rec link at seymoursoccer.net

*Registrations can be done in person at the Seymour Boys/Girls Club weekdays 9am-5pm

Last Name: _____ First Name: _____ Gender: M / F

Address: _____ DOB: / /

Preferred Phone#: _____ Email: _____

Shirt Size: YXS(4/6) YSM(6/8) YMED(8/10) YLG(10/12) SM MED LG XLG XXLG CIRCLE ONE PLEASE

**If you have requested to coach, please also circle a shirt size for yourself*

____ YES! I want to coach for my child's team. I understand that to be a coach I will need to submit a background thru Soccer Indiana and the Recreation Director will guide me in this process. (The registration fee will be waived for each coach)

____ NO, I am not interested in coaching, but I am interested in-

Please check all that apply: ____ Recreation committee member ____ Team communications ____ Assistant Coach

School your child currently attends: _____

Has your child played before? _____

As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care provided by a duly licensed Doctor of Medicine, Doctor of Dentistry, Nurse Practitioner, Registered Nurse or other Emergency Personnel. This care may be given under whatever conditions necessary in order to preserve the life, limb or well-being of the above named player.

YES / NO I release the Seymour Soccer Association to use my child's photograph(s) in future publications, including the Seymour Soccer Website and Seymour Soccer Facebook page.

Signature of Parent/ Guardian

Printed Name

Date

Office Use Only

Date received: _____ Received by: _____ Payment Amount: _____

Check # _____ Cash _____