

2009 Fall Recreation Player Registration



Registration Fees

Regular - \$50 only until July 30th.

No late registrations will be accepted.

Players must be at least 4 years old by July 31, 2009.

Games begin Saturday, September 5th.

____ **NEW PLAYER** - Please check here if player has **NOT** played with Seymour Soccer before.

Last Name:	First Name:	Male	Female
Telephone:	Cell Phone:	Email:	
Address:			
City:	State:	Zip:	
School player attends:	Yrs of Soccer Experience:	Birthdate:	
Father's Name:	Mother's Name:		
Mother's Date of Birth:	(Needed to create player's identification number)		

Shirt Size (circle one): YOUTH -- S (6/8) M (10/12) L (14/16) ADULT --S M L XL 2XL
Short Size: (circle one): YOUTH -- S (6/8) M (10/12) L (14/16) ADULT --S M L XL 2XL

Please circle any areas of interest in which you would like to help:

Head Coach / Asst. Coach / Team Parent / School Rep / Rec Committee / Board Member

List any other areas of interest: _____

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 are 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/my child's photograph(s) in future publications, including the Seymour Soccer website.

Signature of Parent/Guardian Printed Name Date

Please use this section of the registration form for additional information and/or comments.

Seymour Soccer Association use ONLY

Date Received Fee paid \$ Cash [] Check # Birth date verified by

Please no special player, coach or team requests this year.

Seymour Soccer Association
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www.seymoursoccer.com