

U11-U19 \$165
2010 PLAYER APPLICATION



BIRTHDATE: _____ GENDER: M F DATE: _____

Player's Birth Name (as it appears on Birth Certificate): _____

Name Player Goes By (if different than above): _____

Address: _____ City/ZIP _____

Parent/Guardian: _____

Address: (If Different) _____ City/ZIP _____

Phone #: _____ Cell #: _____

Email: _____ School _____

Person to be notified in case of emergency (if parent/guardian is not available)

Name: _____ Phone #: _____

Physician: _____ Phone #: _____

Does the player have any allergies, illnesses, physical limitations or other difficulties that should be known by his/her coach: NO ___ YES ___ Describe please _____

Uniforms size: YM ___ YL ___ AS ___ AM ___ AL ___ AXL ___

Did your child play select/district/premier soccer last season? Y ___ N ___ Fall 08 Coach/Club _____

NOTE: A PLAYER MAY PLAY ON ONE WSYSA SOCCER TEAM AT A TIME DURING THE SOCCER SEASON

I hereby release Sno-King Soccer Club, its officers, coaches, and/or representatives from any and all liability which may arise out of my child's participation in any of said club's activities, games, practices, or transportation to or from such events, and hold said club, its officers, coaches and /or representatives harmless from any expense, claim or damages which may be incurred on behalf of such child for any injury or accident which may occur in connection with such child's participation herein.

I hereby authorize the Sno-King Soccer Club coach, manager, or representative to transport my child to the nearest medical facility in case of a medical emergency.

SIGNED: _____ DATE: _____

APPROVED PROOF OF AGE DOCUMENT:The definition of an approved proof of age document is governed by the rules of WSYSA, and is as follows. Proof of age shall consist of a birth certificate, birth registration issued by an appropriate government agency, board of health records, passport, alien registration card issued by the United States government, certificate issued by the Immigration and Naturalization Service attesting to age or a certificate of an American Citizen born abroad issued by the appropriate government agency. HOSPITAL, BAPTISMAL, OR RELIGIOUS CERTIFICATES WILL NOT BE ACCEPTED

Office Use Only: Date of Registration _____ Coach's Name _____

SKYC Staff _____ Payment Amount \$ _____ Type: CC _____ Check # _____ Cash _____

DATABASE _____ ASSIGNED _____ AGE: PROOF OF U- _____ PLAYING U- _____

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