

**U11-U19 \$165**  
**2011 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: \_\_\_\_\_ City/ZIP \_\_\_\_\_  
(If Different)

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- \_\_\_\_\_

The Edmonds School District does not sponsor or endorse the activity and/or information contained in this material.