


WILLOUGHBY SOCCER CLUB Recreation League Form Ohio Youth Soccer Assoc – North www.willoughbysoccerclub.com Return to: Willoughby Soccer Club 2 Public Square Willoughby, OH 44094	WILLOUGHBY  SOCCER CLUB 2007 - 2008	Youth Division of the United States Soccer Federation (USSF) Affiliated with the Federation Internationale de Football Assoc. (FIFA)
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Please Print Clearly

Division(circle one):
Under 6 (Co-ed) Under 8 (Co-ed) Under 10 (Co-ed) Under 12 (Co-ed) Under 14 (Co-ed)
Under 10 (Girls) Under 12 (Girls) Under 14 (Girls)

Division is determined by player's age as of August 1st

***Cost: \$50 by June 30th and \$20 late fee after June 30th. Family Maximum \$150**

Player Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Birth date (MM/DD/YY) _____ Sex: F M

Father's Name _____ Email _____ Bus. Ph _____

Mother's Name _____ Email _____ Bus. Ph _____

List any medical problems player has _____

Emergency Contact _____ Phone _____ Relationship _____

Doctor to Notify in Emergency _____ Phone _____

Number of prior seasons played _____ Last Team _____ Last League _____

Date of Last Season _____ Last Coach _____

Height _____ Weight _____ School _____ Grade in Fall _____

Other Children from family presently playing in league

Name/Age _____ Name/Age _____

Name/Age _____ Name/Age _____

IMPORTANT I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYSA, it's affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration of the USYSA accepting the registrant for its soccer programs and activities (the "programs"). I hereby release, discharge and/or otherwise indemnify the USYSA, 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 or from the same, which transportation I hereby authorize.	PARENTAL SUPPORT We ask for active participation of all parents in our program. Check the area(s) below in which you would be willing to help ____ Coach ____ Asst. Coach ____ Sponsor ____ Fundraiser ____ Snack Coordinator ____ Donor ____ Other (Specify) _____
Name (Parent/Legal Guardian) _____ Signature _____ Please Print _____ Date _____	Note: Player's photo and/or address may be used for promotional and/or fundraiser purposes
CONSENT FOR MEDICAL TREATMENT (MINOR) As the parent or legal guardian of the above named player, 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. Signature (Parent or Legal Guardian) X _____	WILLOUGHBY SOCCER LEAGUE USE ONLY Registration Fee \$ _____ Date Rec'd _____ Cash Check Check Number _____ Received by _____ Deposited by _____ Date _____

* NON WILLOUGHBY/WILLOUGHBY HILLS RESIDENTS PLEASE
ADD \$10 NON RESIDENT FEE. THANK YOU.