

Sports Registration Form

SPORT: _____

Player's Name: _____

Address _____

City: _____ State: _____ Zip: _____

Telephone: _____ Date of Birth _____

Grade during playing season: _____ Level of play: _____

Father's Name: _____ Mother's Name: _____

Email: _____

I/We the parents/guardians of the above named participant for Sharon Soccer give the registrant above permission to participate in any and all activities relating to Sharon Youth Soccer.

I/We know that by participating in soccer there may be injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities for any claims arising out of any injury to my/our child.

I/We agree to return the uniform loaned to the participant for the season to the individual in charge of the team at the conclusion of the season.

I/We will furnish any and all documents necessary to verify age and information provided as requested by Sharon Youth soccer.

As a parent/guardian, I/We will endeavor to assist with transportation, coaching, officiating or in any other manner to further assist the program.

Parent/Guardian signature: _____ Date: _____

Please indicate any physical limitations your child may have. (allergies, sight, hearing, etc.)

Name of Person to notify in case of an emergency (other than parents):

Name: _____ Relation: _____ Phone: _____

Family Doctor/Hospital: _____

Additional information you feel we may need to know:

WOULD YOU BE WILLING TO BE A COACH OR TEAM MANAGER?

Yes No