

# Hudson Soccer Association

## Summer 2009 Youth Recreational Registration Form

Program Fee: \$50 for U6 players (5 - 6 year olds as of 7/31/2009)

\$70 for U7 to U16 players (7 - 16 year olds as of 7/31/2009).

\$120 for U8 (7 - 8 year olds as of 7/31/2009) Advanced Rec

Mail completed form to: *Hudson Soccer Association*

*P.O. Box 671, Hudson WI 54016*

**The registration deadline is March 31, 2009**

**(Late registrations will not be accepted and special requests may not be honored)**

Player's First Name / M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

**Age group team assignments are based on date of birth, so accurate birth date is imperative!**

Birthdate (Month/Year) \_\_\_\_\_ Gender (M/F) \_\_\_\_\_

Parents' Names \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ (Team Rosters and Game Schedules will be sent via email)

Emergency Contact (other than parent) \_\_\_\_\_ Contact's Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

### Volunteer Opportunity:

The success of this program has been built upon the volunteer talents of the parents, training is provided.

\_\_\_\_\_ will:  Coach a team  Program Administration Other: \_\_\_\_\_

Parent Name \_\_\_\_\_

### Medical Information:

Doctor's Name / Phone \_\_\_\_\_ Dentist's Name / Phone \_\_\_\_\_

List any medical issues that the coach should be made aware of. \_\_\_\_\_

### Parent/Guardian Agreement & Medical Consent:

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Hudson Soccer Association, its affiliated organizations and sponsors. I agree and understand that once this registration is submitted to the Soccer Association, that I grant the Hudson Soccer Association the right to use and publish pictures containing the registrant. I recognize the possibility of physical injury associated with soccer and in consideration for the Hudson Soccer Association accepting the registrant for their soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the Hudson Soccer Association; its affiliated organizations; the employees, coaches and associated personnel; including the owners of the 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. As the parent or legal guardian of a participant in Hudson Soccer Association's program, I hereby give my 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.

Date \_\_\_\_\_ Parent/Guardian (Please Print Name) \_\_\_\_\_ Signature \_\_\_\_\_

### Payment Option:

Check Enclosed  
 Cash  
 Credit Card Type (please circle) Visa Master Card Name on Card: \_\_\_\_\_

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_