

ST JOE SOCCER

FALL REGISTRATION

2010

Mail to: St. Joe Soccer
PO Box 15421
Ft. Wayne, IN 46885

Include Check & Copy of Birth Certificate (if not previously submitted)

Name _____ **Required** M / F
(Circle One)

Parent/Guardian Name _____ **Required**

Address _____ **Required**

Phone _____ **Required**

Work Phone _____ Cell Phone _____

E-mail _____ **Please**

Medical Problems or Activity Restrictions _____ **Please**

Medications _____

Allergies _____

Shirt size: _____ **Required**

Youth S — Youth M — Youth L

Adult S — Adult M — Adult L — Adult XL

Previous Coach	
Coach Request	
Car Pool Request	other partys name
Birthdate	Required
Played St Joe Soccer Last Session	Required

VOLUNTEERS NEEDED

Please consider volunteering, so that we may continue to provide for your and other children. We need board members to help with coach/official check-in, equipment management, advertisement, registration and other areas.

I would like more information on: _____

becoming a board member _____

becoming a coach _____

becoming and assistant coach _____

assisting at the field tent _____

Required

I/We the undersigned parent or legal guardian of the minor youth named herein, do hereby give my/our permission and approval for participation in any and all activities connected with the current soccer session including practices, games, and any other activities pertaining to St. Joe Soccer League. I hereby certify that all information supplied herein is accurate to the best of my knowledge. In consideration of the registration of the youth named herein, and the opportunity for that youth to voluntarily participate in the St. Joe Soccer League, I/we hereby release and discharge said league and its members, representatives, coaches, board members, or designates of any kind, and all sponsors, from any and all liability from any claims I/we have or may have, because of injury to said youth in said program. I/We further agree to indemnify and hold harmless the St. Joe Soccer league, its members, coaches, board members, representatives or designates of any kind and all sponsors, from any claim whatsoever, made by or on behalf of me/us on the youth named herein. I/We, the undersigned parent or legal guardian of the minor youth named herein do hereby authorize the St. Joe Soccer League and any of its representatives, coaches, board members, or designates to secure any and all medical treatment for the minor youth named herein in the event that I/we cannot be contacted, and consent to any and all examination, anesthetic, medical diagnosis, surgery, or treatment, general or special supervision, and on the advice of any physician or surgeon licensed to practice medicine in the state of Indiana. I/We further authorize any attending physician to render any and all medical care which the physician may deem necessary. It is understood that in any event an attempt will be made to contact the parent or guardian of the youth before treatment is initiated. The minor youth named herein is covered by

_____ Insurance and we assume financial responsibility for any medical services provided for the youth named herein.

Required

Signed this _____ day of _____ 2010