



PLAYER INFORMATION

PLAYER NAME _____

PLAYER ADDRESS _____

CITY _____ ZIP _____ E-MAIL _____

PHONE _____ ALTERNATE / CELL PHONE _____

BOY ___ GIRL ___ PLAYER DATE OF BIRTH _____

EXPERIENCE - # OF YEARS PLAYING SOCCER _____

UNIFORM SIZE			
SHORTS		SHIRT	
YS	AS	YS	AS
YM	AM	YM	AM
YL	AL	YL	AL

<p>ANY SPECIAL MEDICAL CONDITIONS? YES NO IF YES, PLEASE EXPLAIN</p>
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COMMENTS _____

PARENT / GUARDIAN NAME _____

(PLEASE PRINT)

CONSENT TO PUBLISH PHOTOS

I hereby grant Enon Soccer permission to publish photos of the SAY Soccer season, which may include pictures of my child. No names would be used and I understand that every attempt will be made to prevent unauthorized access to online information and hold SAY Soccer harmless for the accidental dissemination of information.

I AGREE _____

I DISAGREE _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

WE, THE PARENTS OF _____, GIVE / DO NOT GIVE PERMISSION FOR EMERGENCY MEDICAL TREATMENT FOR OUR CHILD FOR ILLNESS OR ACCIDENT IF WE CANNOT BE CONTACTED.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

WE HEREBY AGREE THAT THE SOCCER ASSOCIATION FOR YOUTH (SAY) ITS MEMBERS, COACHES OR OFFICERS SHALL NOT BE LIABLE FOR ANY INJURY OR LOSS WHICH MY CHILD MAY SUSTAIN WHILE PARTICIPATING IN ACTIVITIES OF ANY KIND WHETHER SPONSORED BY OR UNDER THE SUPERVISION OF SAY AND WE AGREE TO INDEMNIFY AND TO HOLD HARMLESS SAY, ITS MEMBERS, COACHES OFFICERS OR DESIGNATES OF ANY KIND FROM ANY CLAIM WHATSOEVER.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

I ALSO AGREE TO PAY **\$75.00** (which includes a \$10.00 late fee) FOR MY CHILD TO PLAY WITH ENON SOCCER. I ALSO AGREE THAT IF MY CHILD IS UNABLE TO PLAY, NO REFUND WILL BE GIVEN UNLESS NO EXPENSES ON BEHALF OF ENON SOCCER HAVE BEEN INCURRED.

PAYMENT TYPE: CASH CHECK # _____ AMT. _____ RECEIVED BY _____