

St. Lawrence Soccer Registration Form

Complete *ONE PER CHILD* you are registering.
Registration fee *MUST* be paid prior to receiving a uniform.

Registration Fees:

\$45.00 per Child (includes Athletic Association Yearly Dues)

\$85.00 Maximum per Family(2 or more players incl. Athletic Association dues)

Child's Name _____ M/F_(circle) Date of Birth _____

Address _____ Zip _____ Phone _____

Mother's Name _____ Cell Phone _____

Father's Name _____ Cell Phone _____

School Attending NOW _____ Grade_(next year) _____

Email address: _____

Did your child play soccer last fall? Y/N If yes, for what school? _____

WE NEED COACHES!!!**

If you or someone you know would like to coach a team, please list name and phone number.

Please do NOT assume that the coordinator knows you want to coach just because you coached last year. If you do not state that you want to coach, you will not be considered

Consent for Emergency Medical Treatment and Hold Harmless Agreement

The parents/legal guardian of _____ give permission for emergency medical treatment of this child for illness or accident if we cannot first be contacted.

Emergency Contact OTHER than Parent _____ Phone _____

Does your child have any allergies or require special medications? Y/N

Does your child have any medical conditions that we need to be aware of? Y/N

If YES to either question, please explain below:

My child has my permission to participate in this sports program sponsored by the St. Lawrence Athletic Association. I understand that this includes, but is not limited to practices, home games, tournaments and banquets. I hereby agree that the Archdiocese of Cincinnati, St. Lawrence Church, St. Lawrence School, St. Lawrence Athletic Association, their members, volunteers, 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 St. Lawrence Athletic Association during the sports season. I further agree to indemnify and hold harmless the Archdiocese, St. Lawrence Athletic Association, their members, volunteers, coaches, officers or designates of any kind from claim whatsoever. We hereby agree that the soccer association for Youth (SAY), its members, coaches and officers shall not be liable for any injury or loss that my child may sustain while participating in activities of any kind, whether sponsored by or under the supervision of SAY and I agree to indemnify and hold harmless SAY, its members, coaches, officers and designates of any kind of claim whatsoever.

Parent/Guardian's Signature _____ Date _____

For Association Use:

Player Fee Paid \$ _____ Assoc. Dues Paid \$ _____ Check # _____ Cash _____

Additional Players paid for with this check/cash: