



Spring 2012 Recreational Soccer League

REGISTRATION/PARENTAL CONSENT FORM

Registration and Payment Deadline: March 2, 2012

I hereby grant permission for my child to participate in the Alexander Soccer Club's Recreational Program. In granting permission, I voluntarily assume all risk of accident, injury, damage and/or loss to my child as a result of participation in the program. Therefore, I agree to release Alexander Local Schools and the Alexander Soccer Club, including its officers and any local individuals acting on behalf of either entity, from responsibility for any and all damage or injury of any kind as a result of my child's participation, except those resulting from gross negligence.
The Alexander Soccer Club does not provide accident insurance. You may provide your own policy.

The Alexander Soccer Club Recreational Program is open to boys and girls ages 4 –12.

The Alexander Soccer Club has the right to take photos of soccer activities involving your child to be included on the club's website.

Participants are required to wear shin guards covered by socks regardless of type, and are encouraged to wear soccer cleats. Parents will be responsible for working in the concession stand during their team's allotted time. This donation of time enables the club to offset expenses so the fees can be held to a minimum. Practices may include combined practice times for all teams in a given age group and additional practices scheduled by the coaches.

Child's Name (Print): _____

Date of Birth: _____ **Grade:** _____

Parent/Guardian (Print): _____

Address: _____

Telephone #: _____ **Mobile #:** _____

Email Address: _____

Shirt Size for Player (circle one): YS YM YL AS AM AL AXL

Medical Information: Should my child become injured during a soccer activity, I hereby give my consent to have Southeast Ohio Emergency Services and/or Obleness Memorial Hospital treat such injury. My child has the following medical problems, allergies, and/or medications: _____

Parent Signature: _____

Fees Must Accompany Registration Form: \$30 First Child/Player, \$25 Each Additional Child/Player

Make Checks Payable To: Alexander Soccer Club

Questions: Call Russ Norris at 593-8477 or visit www.alexandersoccerclub.com

Registration forms and fees may be mailed to: Alexander Soccer Club, PO BOX 333, Albany, Ohio 45710

*Please note any siblings playing soccer this season: _____

*I am interested in coaching _____ or assisting coach _____ this soccer season.

Name and Phone Number: _____ **Shirt Size:** _____