



Suncook Youth Soccer

PO Box 59 • Suncook, NH 03275
www.suncookyouthsoccer.com

201F Registration

FJW : fYXYfJW_gcb• (603) +, %') - +
ZG\$* \$&+4 \ cta UJ 'Wta

Part of US Youth Soccer and NH Soccer Association

Cost: U-6: \$45.00

U-8 and up: \$45.00 2nd child: \$35.00 3rd: \$25.00

Division: _____

Received By: _____

Cash or Check#: _____

1st CHILD AMT.: _____

2nd CHILD AMT.: _____

3rd CHILD AMT.: _____

Shirt/Uniform Size:

Adult _____ Youth _____

1 PLAYER INFORMATION

DATE: _____

Last Name: _____ First Name: _____

Address: _____

Town: _____ Zip Code: _____

Phone: _____ Email: _____

DOB: _____ Age: _____ M: _____ F: _____

Height: _____ Weight: _____ School: _____ Grade in Sept.: _____

List any medical issues player may have: _____

Physicians Name: _____ Phone: _____

Number of Seasons Played: _____ Division last Played: _____

2 PARENT/GAURDIAN INFORMATION

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Who should we notify in case of emergency?: _____

Cell: _____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules put forth by Suncook Youth Soccer, its affiliate organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for Suncook Youth Soccer accepting the registrant for its soccer program and activities, I hereby release, discharge and/or otherwise idemnify SYS, its affiliate organizations and sponsors, their employees and associated personnel, including the owners of 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.

Name: _____

(parent/guardian please print)

Signature: _____

3

CONSENT FOR MEDICAL TREATMENT

As the parent/guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Parent Signature: _____

4

PARENTAL SUPPORT:

Coach: _____ Division: _____

Ass't Coach: _____ Division: _____

Board Member: _____

Sponsor: _____

Ref: _____

Team Parent: _____

Field Maintenance: _____

WHITE: Registrar

YELLOW: Director

PINK: Coach

RECREATION SOCCER