



# Southern Oregon Soccer Academy Club Registration Form

<input type="radio"/> Spring	<input type="radio"/> Kinder
<input type="radio"/> Fall	<input type="radio"/> Recreation
<input type="radio"/> Both	<input type="radio"/> Competitive

## Player Information

Name: \_\_\_\_\_  
First Last M.I.

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

School: \_\_\_\_\_

Field Position: \_\_\_\_\_

Experience Level:  Beginner  Intermediate  Advanced

Medical Conditions: \_\_\_\_\_  
(i.e. allergies, asthma, epinephrine pen)

Gender:  Male  Female

Birth date: \_\_\_\_\_

Uniform Size: Youth  S  M  L  
 Adult  S  M  L

Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

New to SOSA?  Yes /  No

Years of play: \_\_\_\_\_

## Parent Information

Name: \_\_\_\_\_  
First Last M.I.

Name: \_\_\_\_\_  
First Last M.I.

E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Mobile: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

Work: \_\_\_\_\_

Phone: \_\_\_\_\_

## Payment Information

Checks should be made payable to Southern Oregon Soccer Academy. Late fee applies to Spring registration received after March 15<sup>th</sup> and Fall registration received after August 15<sup>th</sup>. **No refunds will be issued after the player has been placed on a team.**

I enclose payment for:

Cost: \$30 Kinder Soccer (per season)	<input type="radio"/> Registration Fee.....\$ _____
\$65 Recreational Soccer (per season)	<input type="radio"/> Uniform Fee.....\$ _____
\$95 Recreational Soccer (both seasons, paid in Fall)	<input type="radio"/> Late Fee.....\$ <b>15.00</b>
\$150 Competitive Soccer (annual registration fee)	<input type="radio"/> S.O.S.A. Donation fund.....\$ _____
	Total Enclosed.....\$ _____

## Liability Waiver:

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYSA, its affiliated organizations and sponsors. I recognize the possibility of physical injury associated with soccer. In consideration of the USYSA accepting the registrant for its soccer programs and activities (the "programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, all affiliated organizations, sponsors, employees, and associated personnel (including owners of the fields and facilities utilized for the programs), against any claim made by or on behalf of the registrant as the result of the registrant's participation in these programs. Additionally, I authorize transportation of the registrant to or from the same.

### Consent for Medical Treatment:

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

Signed by player (and also parent if under 18 years of age)

Player: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Parent: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**YES!** I would like to **VOLUNTEER** with S.O.S.A. Please circle any areas you are interested in:  
 Fundraising / Referee / Coach / Volunteer / Coordinator / Team Parent / Special Projects / Committee

Submit completed registration forms to: Southern Oregon Soccer Academy Contact Phone: 541-897-0099  
 P.O. Box 219, Phoenix OR 97535

Club Use Only:

Birth Certificate Verified \_\_\_\_\_ Registration Fee: Check Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_ Initials: \_\_\_\_\_  
 Age division: \_\_\_\_\_ Coach: \_\_\_\_\_ Cash Amount \$ \_\_\_\_\_ Receipt # \_\_\_\_\_ Date: \_\_\_\_\_