# Southern Oregon Soccer Academy
# Club Registration Form

| | |
|---|---|
| O Spring | O Kinder |
| O Fall | O Recreation |
| O High School | O Competitive |

## Player Information

Name: _____
First Last M.I.

Address: _____

_____

Phone: _____

E-mail: _____

School: _____

Field Position: _____

Experience Level: O Beginner O Intermediate O Advanced

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

Gender: O Male O 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 15th and Fall registration received after August 15th. **No refunds will be issued after the player has been placed on a team.**

Cost:
- $30 Kinder Soccer (per season)
- $75 Recreational Soccer (per season)
- $100 High School Soccer (spring only)
- $200 Competitive Soccer (annual registration fee)

I enclose payment for:

O Registration Fee ..... **$_____**
O Late Fee ..... **$ 20.00**
O S.O.S.A. Donation fund ..... **$_____**
Total Enclosed ..... **$_____**
O Check O Cash O PayPal

**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
P.O. Box 219, Phoenix OR 97535

Contact Phone: 541-897-0099
sosocceracademy@gmail.com

Club Use Only:

Birth Certificate Verified _____ Registration Fee: Check Amount $_____ Check #_____ Initials:_____

Age division:_____ Coach:_____ Cash Amount $_____ Receipt #_____ Date:_____

**www.sosocceracademy.com**