



Southern Oregon Soccer Academy Club Registration Form

<input type="checkbox"/> Spring	<input type="checkbox"/> Kinder
<input type="checkbox"/> Fall	<input type="checkbox"/> Recreation
<input type="checkbox"/> High School	<input type="checkbox"/> 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 15th and Fall registration received after August 15th. **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="checkbox"/> Registration Fee.....\$ _____
\$75 Recreational Soccer (per season)	<input type="checkbox"/> Late Fee.....\$ 20.00
\$100 High School Soccer (spring only)	<input type="checkbox"/> S.O.S.A. Donation fund.....\$ _____
\$200 Competitive Soccer (annual registration fee)	Total Enclosed.....\$ _____
	<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> 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: _____