

Tahlequah Recreational Soccer Club

Official Registration Form

www.tahlequahsoccer.com

*** REGISTRATION DOES NOT GUARANTEE TEAM PLACEMENT ***

FOR LEAGUE USE ONLY

- New Player
- Returning Player
- Pre-Registration
- Modification



Affiliated with the United States Youth Soccer Association (USYSA)

Youth Division of the United States Soccer Federation (USSF)

Affiliated with the Federation Internationale de Football Association (FIFA)

ID #:

OFFICIAL USE ONLY

League Name: _____ Age Group: _____ Division: _____

Club Name: _____

Use Code Only

Region _____ State _____ District _____ Team _____ Recreational - R
Recreational Select - RS

PLEASE PRINT FIRMLY AND LEGIBLY TO MAKE CLEAR MULTIPLE COPIES

Last Name: _____ First Name _____ MI _____

Address: _____ City, State, Zip _____

Email _____ Area Code _____ Telephone Number _____ Date of Birth (MM / DD / YYYY) _____ Gender (M / F) _____ Player - P / Coach - C

Father's Name: _____ Primary Phone _____ Secondary Phone _____

Mother's Name: _____ Primary Phone _____ Secondary Phone _____

List any medical problem or prohibition player has: _____

Person to notify in emergency: _____ Telephone _____

Doctor to notify in emergency: _____ Telephone _____

No. of Prior Seasons Played _____ Last Team: _____ Last League: _____ Date of Last Season: _____

School: _____

Other children from family presently playing in League

Name _____ Age _____

Name _____ Age _____

PARENTAL SUPPORT

We ask for active participation of all parents in our program. Check area(s) you will help with this season.

- Coach
- Referee
- Assistant Coach
- Concessions
- Field Maintenance
- Fund Raising
- Board Member
- Special Projects

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the TRSC, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the TRSC accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the TRSC, its affiliated 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.

Parent / Legal Guardian (please print)

SIGNATURE

DATE

Other: _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

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

Signature of Parent of Guardian _____ Date _____

City, State, Zip _____ Telephone Number _____

OFFICIAL USE ONLY

Picture Received (U12 - U19 Only) _____ YES _____ NO
Birth Certificate Received _____ YES _____ NO

Registration Fees: Amount Received Received By Date
Player Fees \$ _____

U8 and younger: \$55 season / \$90 year
U10 and older: \$65 season / \$105 year

Paid Yearly Fee

CHECK NO. _____ CASH: \$ _____

AMT: \$ _____