

SUMMERSILL SOCCER CLUB (SSC)

Registration Form Fall / Spring 2009

PLAYER INFORMATION:

Last Name: _____ First Name: _____ MI: _____

Street: _____ City: _____ State: _____

Zip: _____ Phone: _____ DOB: _____ ___ Male ___ Female

Returning Player? ___ Yes ___ No Is there a sibling playing? ___ Yes ___ No

Father's Name: _____ Occupation: _____ Phone: _____

Mother's Name: _____ Occupation: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Email Address: _____

Would you be willing to volunteer for any of the following positions:

___ Coach ___ Assistant Coach ___ Concessions Worker ___ Other _____
(Assist with Fields, trash, Equipment, etc)

TEAM INFO:

Request Fall Season: _____

Request Spring Season: _____

PARENT STATEMENT:

The undersigned parent of guardian of the above named registrant, in consideration of the special benefits being provided by the Eastern Carolina Soccer Association (ECSA), do hereby release and discharge ECSA, and each and all persons acting for and on behalf of ECSA, from any liability whatsoever to the undersigned resulting from or in any manner arising out of any injury or damage which may be sustained by the registrant on account of his or her participation in the activities of the ECSA or Summersill Soccer Club.

Fall Season:

Signature: _____ Date: _____
(Parent or Guardian)

Spring Season:

Signature: _____ Date: _____
(Parent or Guardian)

FOR ASSOCIATION USE ONLY:

FALL SEASON:

LEVEL: _____

TEAM: _____

SPRING SEASON:

LEVEL: _____

TEAM: _____