

SAINT ANSELM YOUTH ACTIVITIES- 2009-/2010 REGISTRATION YEAR
SOCCER REGISTRATION

PLEASE PRINT ALL INFORMATION: **SHIRT SIZE: Youth M or L OR Adult S M L XL or XXL**
NAME OF CHILD: _____ GRADE: _____

ADDRESS: _____ ZIP CODE: _____

HOME PHONE NUMBER: _____ DATE OF BIRTH: _____

SCHOOL: _____ SEX: _____

PARENT/GUARDIAN E-MAIL ADDRESS _____

Was your child in Soccer last year: YES: _____ WHERE: _____ NO: _____

CHILD'S PHYSICIAN: _____ PHONE NO: _____

PHYSICIAN ADDRESS: _____

PLEASE LIST ANY MEDICAL OR PHYSICAL CONDITIONS YOUR CHILD MAY HAVE WHICH MAY AID US
IN OUR RESPONSIBILITY FOR YOUR CHILD IN THIS ACTIVITY:

PERSON TO CONTACT IN AN EMERGENCY

NAME: _____ RELATIONSHIP: _____

TELEPHONE NO (DAY): _____ NIGHT: _____

In consideration of my child _____ participation in the ST. ANSELM SOCCER, I, the undersigned, waive all claims for damages I may have against St. Anselm for any and all injuries suffered by my child. I attest that my child is physically fit for participation, and his/her physical condition has been verified by a licensed doctor. I am aware that children who do not behave or are disruptive will be expelled from the program. No refunds will be given after December 20th.

DATE: _____ SIGNATURE: _____

The St. Anselm Youth Council requires that parents of children enrolled in an activity give service to our programs. When an activity is over-enrolled, we reserve the right to give preference to those children whose parents are willing to give service to that activity. Please indicate the service you wish and the names of the volunteers:

- | | | |
|--------------------------|----------------------|-------|
| <input type="checkbox"/> | CLOCK & SCORE KEEPER | _____ |
| <input type="checkbox"/> | REFEREE | _____ |
| <input type="checkbox"/> | COACH | _____ |
| <input type="checkbox"/> | ASSISTANT COACH | _____ |
| <input type="checkbox"/> | SETUP/TAKE DOWN | _____ |

REVIEWED BY: _____

FEE RECEIVED BY: _____ CHECK: _____ CASH: _____

