



Trotwood Soccer Association For Youth
 P.O. Box 26462 * Trotwood Ohio 45426
 937-854-5388



SPRING Registration Form '10
 (Please Print)

Player's Name _____ Male _____ Female _____

Age of Child _____ Date of Birth _____ email _____

Shirt Size: S M L (Youth Sizes) S M L XL (Adult Sizes)

Phone Number _____ Cell Number _____ Text _____

Father/Step/Guardian's Name _____

Mother/Step/Guardian's Name _____

Address _____

(Number/Street) (City) (Zip)

PLEASE CHECK APPROPRIATE DIVISION BASED ON CHILD'S AGE AS OF JULY 31

LITTLE KICKERS _____ PASSERS _____ WINGS _____ STRIKERS _____ KICKERS _____
 (4-5) (6-7) (8-9) (10-11) (12-13)

HOW MANY YEARS HAVE YOU PLAYED _____ HIGH SCHOOL (14-18) _____

PLEASE VOLUNTEER FOR ANY OF THE FOLLOWING:

COACH _____ ASST. COACH _____ BOARD MEMBER _____ P ARK WORKER _____ REFEREE _____

We hereby agree that the Soccer Association for Youth (SAY), its members, coaches or officers shall not be liable for any injury or loss which my child may sustain while participating in activities of any kind whether sponsored by or under the supervision of SAY and we agree to indemnify and to hold harmless SAY, its members, coaches, officers or Designates of any kind from any claim whatsoever.

I, the undersigned, by participating in soccer sponsored by Trotwood SAY Association understand and agree that such activity has certain inherent risks that can and do result in injury that can be serious, life limiting, and life threatening.

I, the undersign, agree to release Trotwood SAY Association and the City of Trotwood, its' elected officials, employees or volunteers from all claims resulting from any and all injuries sustained while participating in soccer except that arising out of sole negligence of the Trotwood SAY Association or the City of Trotwood, its' elected officials, employees or volunteers.

I the undersigned, assume full responsibility for my child as regards accidents resulting from his/her participation in the program conducted by the Trotwood SAY Association.

Parent/Guardian Signature: _____

(NOTE: Fees are to be submitted upon registration. Fees are not refundable.)

***** Any child not attending practice for one week, without contacting coach may be replaced on team. *****

For Trotwood SAY use only: BC Verified: _____

Registration Fee Paid: _____ Date: _____

Signature of Collector: _____ Coach: _____