

Buchanan County Soccer Association

First Name	Middle Initial	Last Name	M / F (circle one)	Sex
Address		Zip	Telephone	Date of Birth
Mother's Name	Father's Name	(or)	Legal Guardian's Name	
School Attending	Grade	email address		

Youth	YS (6-8)	YM (10-12)	YL (14-16)	
Adult	AS	AM	AL	AXL
SHIRT SIZE (circle one)				

Wants to play with
Name _____

New Player	Experienced Player
Position Played _____	

PARENTS – Please sign up for one of the following:

Boys Head Coach	Boys Asst. Coach	Team Parent	Concessions
Girls Head Coach	Girls Asst. Coach	Referee	Sponsor

CONSENT FOR EMERGENCY MEDICAL TREATMENT

We, the Parents of _____, give permission for emergency medical treatment of our child for illness or accident if we cannot first be contacted.

Emergency Phone: Parent or Guardian Name _____ Phone _____

Emergency contact other than parent: Name _____ Phone _____

Relationship _____ Does your child have any allergies or require any special Medication?

No Yes Explain _____

We hereby agree that the Soccer Association for Youth (SAY), its members, coaches and officers shall not be liable for any injury or loss that 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 hold harmless SAY, its members, coaches, officers and designates of any claim whatsoever.

Parent/Guardian's Signature _____ Date _____

DO NOT WRITE BELOW – SOCCER ORGANIZATION USE ONLY

Playing Age (as of July 31) _____ Division _____

Fee Paid \$ _____ Cash Check # _____ Rec'd. By _____ Date _____

Team Assigned _____ Coach _____