



Cincinnati East S.A.Y.
 Soccer Association
 www.cincinnatiestsay.org

Player Registration Form *participation fee: \$100**

District (school/neighborhood): SEVEN HILLS

Player Information (student, not the parent)

Sport: **Soccer** Year: 2018 Season (circle one): **fall** **spring**
 Player's Last Name: _____ First Name: _____

Boy: ____ Girl: ____ Player's date of birth: ____ - ____ - ____ ****proof of age may be required****
 School attending during this season: _____ Grade ____ **(2018-19 school year)**
 Was this player on an SAY soccer team in the **spring** season of this calendar year? yes ___ no ___

Uniform (Please check size of uniform you would like to order for your child)

Shirt Size: Y. Med. ____ Y. Large ____ Ad. Small ____ Ad. Med. ____ Ad. Large ____ Ad. XL ____
 Short Size: Y. Med. ____ Y. Large ____ Ad. Small ____ Ad. Med. ____ Ad. Large ____

Parent/Guardian Information

Parent/Guardian #1): _____
 Address: _____ City: _____ Zip: _____
 Phone: home _____ work _____ cell _____
 E-mail: home _____ work _____

Parent/Guardian #2): _____
 Address: _____ City: _____ Zip: _____
 Phone: home _____ work _____ cell _____
 E-mail: home _____ work _____

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 be contacted.
 Emergency Phone: Parent/Guardian Name: _____ Phone: _____
 Person to notify other than parent in case of emergency: Relationship: _____
 Name: _____ Phone: _____
 Does your child have any allergies or require any special medication: yes ___ no ___
 Explain: _____

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 hold harmless SAY - its members, coaches, officers or designates of any kind from any claim whatsoever.

 Parent's/Guardian's Signature Date

Volunteer Sign Up

I would like to volunteer to help. Name: _____
Head coach: ___ **Assistant coach:** ___ **Referee:** ___ **SAY District (school):** ___ **Cincinnati East SAY:** ___
Other: _____

District Rep Verification

Eligible to play in District? ___ Yes ___ No. Dist. Rep. Signature: _____ Date: _____