



# Sands Eagles Soccer Spring 2012 Registration Form

Reg:\$ _____	Jersey\$: _____
Check _____	Cash _____
Date rcvd: _____	
Amount rcvd \$ _____	

**On time registration: Jan 23 - Feb 24 – Pay: \$35\***

**Late registration: after Feb 24 – Pay: \$40 – also subject to team availability**

**Payable to: SMPO 8 game season April – May**

Player's Name \_\_\_\_\_ Gender (circle) **Boy** **Girl**

Player's age as of July 31, 2012: **6 7 8 9 10 11** (circle one) Current Grade \_\_\_\_\_

Player's Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ SAY Divisions: Passers (6-7), Wings (8-9), Strikers (10-11)

Play up in next age group? (Y/N) \_\_\_\_\_ Play up on sibling's team? (Y/N) \_\_\_\_\_

Parent/Guardian (primary) Name \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent Street Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Email (please print clearly) \_\_\_\_\_

Parent/Guardian (alternate) Name \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent Street Address \_\_\_\_\_ Zip Code \_\_\_\_\_

**Sands Red/Black Soccer Jersey: \$15.00 – in addition to Signup fee \* Circle one size below \***

**Youth: YS (26-28) YM (30-32) YL (34-36) Adult: AM (38-40) AL (42-44) AXL (46-48)**

Jersey is 100% Polyester – medium weight – Red with Black numbering and Sands Eagles logo  
Players need to supply Black shorts, Soccer socks, shoes, shin-guards, and ball (if possible)

**\* Soccer Scholarships covers 70% of dues – parent / player should contribute 30% or \$10.  
Sands may allow exceptions in special need cases. Jersey is NOT covered by scholarship.**

Volunteer to Coach: Name \_\_\_\_\_ Head \_\_\_\_\_ Assistant \_\_\_\_\_

### Consent for Emergency Medical Treatment – Waiver of liability

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

Emergency Contact: Parent or Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have allergies to any medications (e.g. *penicillin*) - or any serious known health issues: (Y/N) \_\_\_\_\_

Brief description: \_\_\_\_\_

**Consent:** 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 or children 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. We also agree to apply the above waiver to Sands Montessori Elementary School and its members. We further certify the above information is accurate, the player is in good health, and the player has our permission to play. Sands Soccer Coordinator has sole right to make any team adjustments as deemed necessary.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

Return to Sands School Office  
<http://www.smpo.net> Activities / Soccer



Return to Sands School Office  
[gcarrelli@cinci.rr.com](mailto:gcarrelli@cinci.rr.com) 513-236-1109