Summer Session 2010 Registration/Release Form

Return to:
South Buffalo Soccer Club
PO Box 876
Buffalo NY 14220

Child's Last Name: _____ Child's First Name: _____

Date of Birth: ___ /___ /___ Age as of August 1st, 2010 _____ Sex: Male of Female (circle)

Address:_____
(Street) (City) (Zip code)

-Please check if new player or if information has changed

Parent/Guardian Name: _____ Phone: _____

2nd phone: _____ e-mail: _____

Emergency Contact: _____ Phone: _____

Age group requested: (please check which group you want your child to play in)
4-5_____ 6-7_____ 8-9_____

Girl's 10-12 _____ Boy's 10-12_____ Girl's 13-16_____

Shirt Size (please circle ONE) ***Shirts are cotton and may shrink*** order larger if unsure

2-4 –x-sm 6-8-sm 10-12-med 14-16-lg adult small adult med ad lrg ad x-lg ad-xxlg

Please circle one of the above sizes, failure to do so may mean your child's shirt may not be ready on time.

Additional Comments or health concerns: _____
_____

Parent or Guardian; Are you willing to coach your child's team? (Please!) Yes or No
Coaches name: _____ Phone:_____
Email: _____

Release Form:

In consideration for my entry being accepted, and permitting me to attend or participate therein, I intend to be legally bound hereby for myself, my heirs, executors and administrators; Waive and release any and all rights and claims for damages I may now or in the future have against the sponsors of this event, their instructor(s) and representatives, agents, and members or assigns for any and all losses and injuries suffered from competing in or attending said event.

Signature of Parent/Guardian: _____

**** ONE request** _____

**WE WILL TRY OUR BEST TO HONOR YOUR REQUEST, BUT WE MAY NOT BE ABLE TO SATISFY EVERY REQUEST. PLEASE REMEMBER, A REQUEST IS NOT A DEMAND, THANK YOU

COST: $60 FOR ONE CHILD, $110 FOR TWO CHILDREN. $150 family maximum
(players who are on our travel teams must pay for travel separately)