

# ELEMENTARY CO-ED SOCCER REGISTRATION FORM



**DEADLINE: 11/1/18 (forms and money must be turned in at the front office)**

Cost: \$90 – **Kindergarten/ 1<sup>st</sup> & 2<sup>nd</sup> /3<sup>rd</sup> & 4<sup>th</sup> / 5<sup>th</sup> & 6<sup>th</sup>** (if student is turning 13 during season, they are ineligible to play)

**Eligibility Requirements: All players MUST not have any major disciplinary issues during the season (which includes pre-season conditioning) until the last scheduled game in order to be eligible to play on the team. Should any major disciplinary issues arise, the player may be suspended from play and practice for a period of time which is at the discretion of administration.**

Child's Name: \_\_\_\_\_ Grade & Teacher: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Shirt Size (circle one): YS YM YL AS AM AL AXL AXXX

Child's Limitations/Pertinent Health Conditions (please provide doctor note documenting health condition and required medical care if necessary: \_\_\_\_\_

## Parent/Guardian Info:

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

EmailAddress: \_\_\_\_\_

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

EmailAddress: \_\_\_\_\_

## Emergency Contact Info (other than parent)

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

## AUTHORIZATION AND RELEASE:

**Medical Treatment:** In the event I cannot be contacted, I give permission for my child to receive emergency medical treatment by qualified medical personnel, and if needed, to be transported by ambulance or car to an emergency medical center for treatment. I further consent to the disclosure of any and all health information deemed immediately necessary for evaluation, and to the medical, surgical and hospital care treatment and procedures (including, but not limited to, administration of necessary anesthetics, tests, x-ray examinations, transfusions, injections, drugs) to be performed for my child by a licensed physician in a hospital when deemed immediately medically necessary or advisable by the physician to safeguard my child's health.

**Release from Liability:** Recognizing that SCCAA will do its best to ensure a safe experience, I understand that accidents may occur both from my child's participation in youth sports activities and from transportation to and from the program. I agree to assume these risks. By signing below, I release Pineapple Cove Classical Academy, SCCAA, volunteers, independent contractors, directors and contributing agents of the activity, from all liability based on any damage, loss, or injury of ordinary negligence or otherwise, caused to my child or to me, from participation in the youth sports program.

I have read and understand the above and have completed this form to the best of my ability. I also support teamwork, fair play, family involvement and volunteer leadership.

**Signature of parent or legal guardian:**

\_\_\_\_\_ **Date:** \_\_\_\_\_