

# Hicksville Youth Soccer Association

Soccer Registration – Due by 9/5/09

Fall 2009 Recreation League Ages 5-14

Players must 5 by August 1 and no older than 14 by August 1

## EACH PLAYER NEEDS A SEPARATE FORM

Players Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade in 2009/10 \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ home # \_\_\_\_\_ cell# \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ home # \_\_\_\_\_ cell# \_\_\_\_\_  
Email address \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Siblings playing? Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_

Players Shirt Size Child S M L Adult S M L XL XXL

**We need your help to keep this league running. Please consider one of the following:**

I am interested in being: a coach \_\_\_\_\_ an assistant coach \_\_\_\_\_ a board member \_\_\_\_\_

Shirt Size if coaching or assistant coaching S M L XL XXL

### Waiver of Liability

I hereby consent for my child to participate in Hicksville Youth Soccer Recreation program. By participating in the program, I will not hold any of the sponsors, supervisors, coaches, officials, board members or volunteers of the Hicksville Youth Soccer Association responsible for any injury that my child may sustain while participating in these activities. I also understand that the Hicksville Youth Soccer program does not provide any medical insurance for participants. I the parent/guardian for the above child release, discharge and/or otherwise indemnify the Hicksville Youth Soccer Association, its affiliated sponsors, employees and associated personnel, including the owners of fields and facilities utilized against any claim by or on behalf of the registrant as a result of his or her participation.

PARENT/GUARDIAN \_\_\_\_\_ DATE: \_\_\_\_\_

### GENERAL CONSENT FOR MEDICAL TREATMENT:

By checking one of the boxes below, I give my consent to have an athletic trainer, coach, paramedic, and/or doctor of medicine or dentistry provide medical assistance and/or treatment. I agree to be financially responsible for the reasonable cost of such assistance and/or treatment. This consent does not apply to major surgery unless surgery must be performed to treat an emergency condition. Attempts will be made to contact parents of players participating in the program based on information provided on this form. By signing this form, I acknowledge that: I am the parent/guardian of the player authorized to consent on the player's behalf; I have reviewed this form and the information it contains and represent that it is accurate.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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Please detach and return the upper portion of this form with your payment. Please keep the bottom for your information.

Fees for this year are as follows: \$20 for the first player and \$10 for each additional player within the same immediate family, brothers and sisters only. No family will pay more than \$60, meaning if you have more than 5 children, \$60 is all you will pay. Please return form and payment no later than September 5, 2009. Checks need to be made out to HYSA and mailed to: HYSA 6642 Lake Road Hicksville, OH 43526.

If you have any questions, you can call Angi Miller at (419)542-5800 or Keith Railing at (419)487-2554

Hicksville Youth Soccer will begin its 2009 season on September 19, 2009. We will play for six weeks with all games being on Saturday's and playing in the Hicksville Park on Bryan Street. The last game will be played on October 24, 2009. This will be the parents vs. kid's game with awards being on that day. Pictures will be TENTATIVELY scheduled for Monday, September 14th. You will be notified by your coach and will receive a schedule when the date is definite. Coaches will set their own practice schedule; you will be notified by your coach when the teams are complete.