

## Registration Form for Fall/Spring

### South Shore Soccer Association ([www.southshore.com/soccoming.htm](http://www.southshore.com/soccoming.htm))

P.O. Box 1600 -- Flippin, AR. 72634 -- Phone (870) 421-3251 [leonard@claridgeproducts.com](mailto:leonard@claridgeproducts.com)  
(forms and checks can be mailed to above address or dropped off at Flippin Elementary, Cotter Elementary, or Yellville Elementary office by the deadline of August 29th, 2007. If a player is born on August 1, 2001 or later, then the fee is \$25. If born July 31, 2001 or earlier, then fee is \$35. You should be contacted by Sept. 9<sup>th</sup> by someone, games should start Saturday Sept. 22<sup>nd</sup> and will be played Mon, Tue, Thu and/or Sat. Each team will only play one to two games per week when the games start.)

Player's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Years Played \_\_\_\_\_ Sex \_\_\_ M \_\_\_ F  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Father \_\_\_\_\_ Mother \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Shirt Size: YS YM YL AS AM AL Shorts: YS YM YL AS AM AL  
Player Allergies \_\_\_\_\_ Email Address: \_\_\_\_\_  
Other medical conditions \_\_\_\_\_

Please indicate any areas which you would be willing to help the association.  
\_\_\_ Coach \_\_\_ Assistant/Team Manager \_\_\_ Field Maintenance \_\_\_ Sponsorship \_\_\_ Concessions \_\_\_ Other

**If parents cannot be reached, please contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_ Cell \_\_\_\_\_

I, the parent / guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organization and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs"). I hereby release, discharge, and or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and / or being transported to or from the same which transportation I hereby authorize. As the parent / legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve the life, limb or well being of my dependent.

\_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

<u>Age group and costs:</u>	<u>Age Group</u>	<u>Cost</u>	<u>Benefits</u>
Born on or after August 1, 2003 -- Too young			
Born between August 1, 2001 and July 31, 2003	U6	\$25	Shirt, shorts, socks, ball, shinguards, fall and spring games
Born between August 1, 1999 and July 31, 2001	U8	\$35	Shirt, socks, fall and spring games (NO SHORTS)
Born between August 1, 1997 and July 31 1999	U10	\$35	Shirt, socks, fall and spring games (NO SHORTS)
Born between August 1, 1995 and July 31 1997	U12	\$35	Shirt, socks, fall and spring games (NO SHORTS)
Born on or before July 31, 1994	U14	\$ 0	Send form with no money

\*\* There will be a \$5.00 discount for the 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, etc. player in each family.  
\*\* Players can make special request for player placement but these requests are not guaranteed.

**\*\* Make sure Date of Birth is correct and that their name is spelled correctly for uniforms!**

**\*\* Registration forms must be received by August 30 so we can draft teams and order uniforms! Registration forms must include payment! Forms or payments received after deadline will be assessed a \$20 late fee! Please call me at 421-3251 to discuss late payment options or other concerns.**