



Spring Soccer 2012 ~ In-house Registration

Deadline—March 15th

Last Name _____ Home Phone _____

Address _____ Zip Code _____

Cell # _____ E-Mail _____

_____ CHECK HERE IF YOUR ADDRESS OR PHONE # HAS CHANGED SINCE YOU LAST REGISTERED Check # _____

IS THIS THE FIRST TIME YOUR FAMILY HAS REGISTERED WITH STRONGSVILLE SOCCER ____YES ____NO Amount \$ _____

New this season—No residency requirement. Players from communities other than Strongsville accepted for the recreational program.

Child's First Name	BOY / GIRL	BIRTHDATE MONTH / DAY / YEAR	* I want to coach this child CIRCLE ONE
1. _____	_____	____/____/____	Head Coach or Assistant
2. _____	_____	____/____/____	Head Coach or Assistant
3. _____	_____	____/____/____	Head Coach or Assistant
4. _____	_____	____/____/____	Head Coach or Assistant



*** IF YOU VOLUNTEERED TO COACH—THANK YOU!**

NAME _____ PHONE # _____

VOLUNTEER COACHES NAME

REQUEST FOR REGISTRATION AND RELEASE FROM LIABILITY, PLEASE READ AND SIGN

We the undersigned, parent or guardian of the above children do hereby request that they be permitted to participate and register with the Strongsville soccer programs for the current season. We agree to read, sign and abide by the Strongsville Soccer Code of Conduct for parents and coaches. Recognizing the possibility of physical injury associated with soccer and for the activities, we hereby release, discharge and/or otherwise indemnify the Strongsville Soccer Club and the Strongsville Soccer Organization, their affiliated sponsors, employees, directors, agents, coaches and other associated personnel including the owners of the fields and facilities utilized by them against any claim by or on the behalf of the above named youth(s), as a result of the registrant's participation in the Strongsville Soccer Club and/or the Strongsville Soccer Organization. We do assume all of the risks and hazards incidental to the conduct of the scheduled activities, and the transportation to and from the activities.

SIGNATURE _____ DATE _____
PARENT OR GUARDIAN OF REGISTRANT

YOUTH REFEREE

We are proud that our soccer program is run entirely by volunteers. We need the support and involvement of our parents. Please do your part to keep our soccer program successful. Just one hour of your time would help!

I would like to: _____ (Name)

_____ WORK ON A COMMITTEE
(SMALL JOB AS PART OF A LARGER COMMITTEE)

_____ WORK IN CONCESSION STAND
(TWO HOURS PER SEASON)
[Sign up on website www.strongsvillesoccer.com](http://www.strongsvillesoccer.com)

_____ REFEREE OR ATTEND REFEREE CLASS
Call Bud 440 572-1309 —Referee Director)



Join the fun!

COST: \$60.00—ONE CHILD \$110.00-TWO CHILDREN IN FAMILY \$140.00- THREE OR MORE CHILDREN



Families with both travel & inhouse players please see fee schedule for discount at strongsvillesoccer.com (Click on Recreational & then Registration info, chart on bottom of the page.) Please list travel players below:

NAME _____ TEAM _____ B-DATE _____

NAME _____ TEAM _____ B-DATE _____

MAIL (W/ CHECK) TO: STRONGSVILLE SOCCER, P.O. BOX 360953, STRONGSVILLE, OH 44136

