

Holton Soccer Club
Spring 2010 Registration Form
Questions? Call 231-828-6216

(For Soccer Club Use:)

Payment made: _____ **Cash/Check#** _____ **Date** _____ **Team** _____

Please complete both sides of this form (medical release is on back) and return the form and your check (made payable to Holton Soccer Club) to:

Holton Soccer Club
c/o Kim Brosco
3809 Wilson Beach Road
Twin Lake, MI 49457

Name: _____ **Date of birth:** _____ **Gender (M/F):** _____

Name of School attending: _____ **Grade ('09-'10):** _____ **Phone** _____

Address _____ **City/State/Zip** _____

Email _____

*Email will only be used for club purposes, like newsletters and announcements, practice and game schedules, and coach correspondence. It will not be given out beyond the club.

I/WE, the parents of the above named child who has been signed up for a position on the Holton Soccer Club team hereby give my approval to his/her participation in any and all of the activities of the Holton Soccer Club during the current season. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I/We do further hereby release, absolve, indemnify and hold harmless the Holton Soccer Club and the organizers, sponsors, supervisors, or any of them. In the case of injury to my/our child, I/We hereby waive all claims against the organization, sponsors, or any supervisor appointed by them. I/We likewise release from responsibility any person transporting my/our child to and from the activities. I/We will furnish a certified birth certificate or social security number for the above named child upon request of the League Officials. I/We will see to it that my/our child attends 70% of the practices and games. If my/our child must miss a practice/and or game I/we will inform the coach prior to the scheduled date.

Parent/Guardian name printed _____

Parent/Guardian signature: _____ **Date** _____

I will volunteer my time as:

COACH ASSISTANT COACH CONCESSIONS REFEREE

REFEREE ___ Certified ___ Want to become certified

(Center refs must be certified and 2 years older than the players on the field.)

Name: _____

COST

\$40, based on space availability. NO REGISTRATION AFTER FEBRUARY 28, 2010.
Registration fees must accompany registration form before player is placed on a team. \$5
FAMILY DISCOUNT per child after first child. There will be a \$20 fee charged on all
returned checks.

Please CIRCLE shirt size: YS YM YL AS AM AL

**HOLTON SOCCER CLUB
MEDICAL RELEASE**

Player Name _____
D.O.B. _____

PHYSICIAN INFORMATION	EMERGENCY INFORMATION
Family Physician:	Emergency Contact:
Address:	Address:
Telephone:	Telephone:
Hospital Preference:	Relationship to Player:

MEDICAL HISTORY	
Please list any allergies/medical problems, including those requiring maintenance medication (i.e., diabetic, asthma, epilepsy, seizure disorder, bee sting allergy, etc.). This information is needed to ensure that medical personnel have details of any medical concerns that may interfere with or alter treatment.	
MEDICAL DIAGNOSIS:	ALLERGIES:
MEDICATIONS:	DO YOU USE: BEE STING KIT? Y/N INHALER? Y/N
ANY OTHER MEDICAL CONCERNS:	

Parent or Guardian Authorization:

In the event of an emergency, if the family physician or I cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e., EMT, MFR, ER Physician).

Authorized Parent/Guardian Signature

Date