

**SOCCER ORGANIZATION OF CHARLOTTESVILLE-ALBEMARLE  
YOUTH SOCCER REGISTRATION**



**PROGRAM:**

Name of Program Registering For: \_\_\_\_\_

**Special Requests: The following options are available in recreational programs only. NO REQUEST IS GUARANTEED.  
\*This Section is Optional - Not Required to Register\***

\_\_\_\_\_ Request to play up 1 age group. **(Be sure to check age group chart before selecting this.)** DISCLAIMER: I understand there is inherent risk in having my child play in an older age group, for which I accept full responsibility. \_\_\_\_\_ (initial of parent or guardian required to play in an older age group)

I request to play with/for: \_\_\_\_\_ (only 1 name considered, either 1 player or coach)

**USE ONLY SPACE PROVIDED**

**PLAYER INFORMATION:**

Legal First Name: \_\_\_\_\_ Legal Last Name: \_\_\_\_\_

Birthday (MM DD YY): \_\_\_\_\_ Gender: \_\_\_\_\_

Public Elementary School District You Reside In: \_\_\_\_\_ School Attended: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

First Name(s): \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Father Work Phone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_ Mother Work Phone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_

Father Cell Phone: (\_\_\_\_) \_\_\_\_\_ Mother Cell Phone: (\_\_\_\_) \_\_\_\_\_

**EMERGENCY CONTACT MEDICAL INFORMATION:**

Relative or Friend: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_  
(to be contacted if unable to reach parent)

Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Insurance: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

**VOLUNTEERS NEEDED!** Coach \_\_\_\_ Assistant Coach \_\_\_\_ Nets & Fields \_\_\_\_ Office Help \_\_\_\_ Hot Shots Facilitator \_\_\_\_

**LIABILITY RELEASE:**

In the event of injury or illness to \_\_\_\_\_, I \_\_\_\_\_ hereby grant authority to any physician to render such emergency medical treatment as the physician deems necessary under the circumstances. I authorize emergency transportation as is necessary. I agree to be responsible for any charges incurred in the treatment of my child. Further, I agree to indemnify and hold harmless SOCA, or any coach, player, or other person engaged in this program from any liability for injuries sustained by my child.

Signature of parent or guardian \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT:**

Registration Fee Amount: \_\_\_\_\_

\* **Cash, Credit Card or Check accepted, made payable to SOCA.** Deliver to: SOCA, 1685 Polo Grounds Road, Charlottesville, VA 22911 (434) 975-5025

\* **Financial Assistance is available.** Financial assistance forms are available at the SOCA office. Full payment or a completed financial assistance form must accompany registration. Registration will not be processed without a completed financial assistance form or full payment.

*Office Use Only* Fee Paid: \$ \_\_\_\_\_ Check No. \_\_\_\_\_ Cash: \_\_\_\_\_ Credit Card: \_\_\_\_\_  
Financial Assistance requested: \$ \_\_\_\_\_ Approved: \_\_\_\_\_ For: \$ \_\_\_\_\_