

**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:

Player First Name: _____ 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: \$ _____