

**SOCCER ORGANIZATION OF THE CHARLOTTESVILLE AREA
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: _____

Address: _____ City: _____ State: _____ Zip: _____

Public Elementary School District You Reside In: _____ School Attending: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian#1 First Name(s): _____ Last Name: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone:(_____) _____ Email: _____

Parent/Guardian#2 First Name(s): _____ LastName: _____

Home Phone: (_____) _____ Work Phone:(_____) _____

Cell Phone:(_____) _____ Email: _____

EMERGENCY CONTACT MEDICAL INFORMATION:

Relative or Friend: _____ Phone: (_____) _____
(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, 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. Furthermore, during the course of SOCA programs, photographs are occasionally taken. Through this release, I authorize SOCA to print, publish, and display pictures of me or my child to promote SOCA programs through SOCA publications and the SOCA website, www.SOCAspot.org.

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 or 21 Hannah Circle Suite 103, Waynesboro, VA 22980 (540)466-1581

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