

ARCADIA SOCCER REGISTRATION INFORMATION

SPRING 2012

Please mail both of the completed registration forms, fee, and birth certificate (if applicable):

Kurt Dauterman, Director, 858 TR 293, Fostoria, OH 44830, or

Shelley Burnett, Registrar, 1800 County Road 257, Fostoria OH 44830

FORMS MUST BE RECEIVED BY JANUARY 27, 2012

DO NOT RETURN THE FORMS TO SCHOOL.

- Arcadia Soccer Club needs a copy of the participating child's **certified** birth certificate. This is a mandatory requirement from the state soccer association. If your child played Arcadia soccer in prior soccer season, you do not need to provide a copy as one is already on file with the registrar/league.
- Fill out both of the forms completely. The fees are as follows: U6 players - \$40.00; U8 - U19 - \$55.00. Late fee is \$10 per child after January 27 but before Feb 3, 2012. Make checks payable to Arcadia Soccer Club. These fees are used for state registration, insurance, officiating, field maintenance, equipment, uniforms, etc . . . We are a non-profit organization.
- Divisions are determined by the child's date of birth on August 1st. They are as listed below:

U6: 8/1/2005 - 7/31/2007	U12: 8/1/1999 - 7/31/2001
U8: 8/1/2003 - 7/31/2005	U15: 8/1/1996 - 7/31/1999
U10: 8/1/2001 - 7/31/2003	U19: 8/1/1992 - 7/31/1996

WE NEED YOUR HELP!!!!

Arcadia Soccer Club exists only with the help of volunteers. Volunteers keep our fees lower than other clubs, so help keep everyone's participation fees low. In order to keep our club active, we need your help. Volunteers are needed to help **coaching, field maintenance, fundraising, pictures, uniforms, referee training and player recognition & awards**. Most important skill you need is a **desire to help** to make the club successful. Please write below your name(s) and what areas you would be willing to help with:

Please remember that the uniforms were purchased by the club to be reused by all players for many years to come. All uniforms shall be returned clean to your coach after the final game of the season.

If you have any questions about Arcadia Soccer, please contact:

Kurt Dauterman, Director - 419-721-1986

Shelley Burnett, Registrar - 419-894-8427

REGISTRATION FORMS ARE DUE BY JANUARY 27, 2012

ARCADIA SOCCER CLUB PLAYER REGISTRATION

Parent/Guardian Information:

Name: _____
Address: _____
Home Phone: _____
Cell Phone: _____
Email: _____

Player Registration Information:

Name: _____
Address: _____
Birth Date: _____ Circle one: Male Female
Mother's month & day of birth (for registration system): _____
New Player? yes no Last Season Played: _____
Division(see other page): U6 U8 U10 U12 U15 U19
Shirt Size: _____ (Youth- S, M, L; Adult- S, M, L, XL)

Emergency Information:

Name: _____ Phone: _____
Doctor: _____ Phone: _____
Dentist: _____ Phone: _____

Release of Liability & Consent for Medical Treatment

Recognizing the possibility of physical injury associated with soccer and in the consideration for Ohio Youth Soccer Association-North/US Youth Soccer/USSF/Arcadia Soccer Club and its affiliates accepting the registrant for this program, I hereby release, discharge and/or otherwise indemnify Ohio Youth Soccer Association-North/US Youth Soccer/USSF/Arcadia Soccer Club, its affiliated organizations and sponsors, their employees, volunteers, and associated personnel, including the owner of the fields and facilities utilized by the program against claim by or on behalf of the registrant as a result of participation in the program.

I hereby give my consent to have an athletic trainer, coach, paramedic, and/or doctor of medicine or dentistry provide medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of such assistance and/or treatment.

This authorization does not cover major surgery unless the medical opinions of two (2) licensed physicians or dentists concur in the necessity for the surgery are obtained before the surgery is performed. Attempts will be made to contact parents of players participating in the program based on information provided on this form. Facts concerning player's medical history including allergies, medications, or physical ailments to which a physician should be alerted should be listed below.

RULES OF THE USYSA

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, the Black Swamp Soccer League, its affiliated clubs, organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USUSA & BSSL and its affiliated clubs accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors (e.g. Ohio Youth Soccer Association North, The Black Swamp Soccer League, Clubs and Soccer Coaches), their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature of Parent/Guardian

Date