

COACHING

Yes! I would love to COACH!!

Name _____
Phone _____
Email _____
Age Group Preferred _____



Holland Soccer Club
PO Box 321, Holland, NY 14080
www.hollandsoccerclub.net

Team Sponsorship

I would love to sponsor a team!

Name _____
Phone _____
Email _____
Age Group Preferred _____
\$100 per team

YOUTH PLAYER REGISTRATION FORM 2013

Player Information:

Player Name (Print): _____

Grade for the 2011-2012 school year _____

Street Address: _____ City: _____

State: _____ Zip: _____ Telephone: _____ Male: _____ Female: _____

Birth date: _____ Primary E-Mail Address: _____

Parent Information:

Father's Name: _____ Day Phone: _____

Email Address: _____ Cell Phone: _____

Mother's Name: _____ Day Phone: _____

Email Address: _____ Cell Phone: _____

Parent/Guardian Release and Consent for Medical Treatment

The parent/guardian of the above-named player (the "Player"), a minor, agree that the Player and I will abide by the rules of the Holland Soccer Club, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the Holland Soccer Club accepting the Player for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the Holland Soccer Club, its affiliated organizations and sponsors, their employees and associated personnel, including but not limited to the owners, lessors, lessees of fields and facilities utilized for the Programs, against any claim by or on behalf of the Player as a result of the Player's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

As the parent or legal guardian of the above-named Player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent, the Player.

Parent/Guardian Name :(print) _____ Date: _____ Signature X: _____

List any Medical Problems or Restrictions the Player Has:: _____

Person to Notify in an Emergency: _____ Phone: _____

Doctor to Notify in an Emergency: _____ Phone: _____

PLEASE CONSIDER COACHING A TEAM. IT MEANS SO MUCH TO
THE KIDS AND THE SUCCESS OF OUR PROGRAM!!
CONTACT JANEL BURKE AT BURKEBABEEZ@GMAIL.COM
OR JILL ZIENTEK AT JJZIENTEK@AOL.COM