

NEVADA SOCCER CLUB REGISTRATION - Fall 2010

Registration forms are Due by June 23, 2010

Games played August through October

FOR ON-LINE REGISTRATION **GO TO www.nevadasoccer.org**

PLAYERS NAME _____	BIRTH DATE _____	SEX: M F
<input type="checkbox"/> U6 8/1/2004 - 7/31/2006 <input type="checkbox"/> U7-U8 8/1/2002 - 7/31/2004 <input type="checkbox"/> U9-U10 8/1/2000 - 7/31/2002 <input type="checkbox"/> U11-U12 8/1/1998 - 7/31/2000 <input type="checkbox"/> U13-U14 8/1/1996 - 7/31/1998 <input type="checkbox"/> U15-U19 8/1/1991 - 7/31/1996	MOTHER'S BIRTH MONTH and DAY (Required for player ID) _____ <div style="text-align: right;">Month/Day</div>	
PRIMARY GUARDIAN _____	RELATIONSHIP _____	
ADDRESS _____	PHONE _____	
EMAIL _____	CELL _____	
I am willing to volunteer as: (circle)		
Coach	Field Maintenance	Board of Directors
Assistant Coach	Fundraising	
OTHER GUARDIAN _____	RELATIONSHIP _____	
ADDRESS _____	PHONE _____	
EMAIL _____	CELL _____	
I am willing to volunteer as: (circle)		
Coach	Field Maintenance	Board of Directors
Assistant Coach	Fundraising	
NOTIFY IN CASE OF EMERGENCY _____	PHONE _____	
PRIMARY CARE PHYSICIAN _____	PHONE _____	
MEDICAL CONDITIONS _____		

FOR ALL NEW PLAYERS:

- **MUST PROVIDE A COPY OF THEIR BIRTH CERTIFICATE (NO EXCEPTIONS!)**

ALL PLAYERS:

- **Club Uniforms required for U6-U10 - UNIFORMS MUST BE PURCHASED AT BEN FRANKLIN please indicate sizes needed (leave blank if purchased last year)**

*SIZES RUN SHORTS YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL
 SMALL* SHIRTS YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL
 Socks YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL

REQUIREMENTS

- Shin-guards are mandatory for all practices and games.
- No refunds unless player moves or is injured prior to the first game and registrar notified.
- All special player requests need to be in writing and will be reviewed by the Soccer Board on an individual basis. Attendance at a board meeting may be required.

MEDICAL / PHOTO WAIVER

_____ (Child's name) has my permission to participate in the Nevada Soccer Club Program. I waive and release any person employed or volunteering from any injuries suffered by me and or my child/children at the soccer programs or events. Furthermore I grant Nevada Soccer Club volunteers the right to seek medical attention for my child/children as required in the event of an emergency and I accept financial responsibility for my child/children and their jersey. I also give permission for my child to be photographed for use without name identification on the Soccer Club's web site.

Parent/Guardian Signature _____

Date _____

Register on-line or send this form and a check payable to:
 Nevada Soccer Club
 P.O. Box 211, Nevada, IA 50201

Questions: Visit our web site at www.nevadasoccer.org
 or contact Club Registrars

Sarah Lancaster 708-1916 or email at lancastertsjk@msn.com
 Beth Kruschwitz 382-5942 or email at Kkruschers@iowatelecom.net

REGISTRATION FEES	
\$25 for U6	
\$35 for U7-U8	
\$45 for U9-U10	
\$55 for U11-U12	
\$65 for U13 - U14	
\$70 for U15-U19	
\$10 LATE FEE (after June 23)	
TOTAL PAID	