

Soccer South Soccer Club – Fall 2017 Registration

Player Identification Information	
First Name _____	
Middle Name _____	
Last Name _____	
Birthday – including year _____	
Gender (circle one)	M / F **

Will this be player's first season with Soccer South? Y* / N
*If new, please show player's birth certificate or other proof of age.
School player attends: _____
Does this match the public school your home is zoned for? Y / N
Previous coach(es) @ SSSC: _____
Any coach/player you DO NOT want to be placed with again?

Select Child's TEAM LEVEL, based on BIRTH YEAR:			
2013	<input type="checkbox"/> 5U COED (no late fee)		5U & 6U and 7U & 8U will no longer be grouped together for competition. As much as possible, teams will be one age.
2012	<input type="checkbox"/> 6U COED (no late fee)		
2011	<input type="checkbox"/> 7U COED (no late fee)		
2010	<input type="checkbox"/> 8U COED (no late fee)		
2009	<input type="checkbox"/> 9U COED -or- <input type="checkbox"/> 9U All-Girls**	** If an All-Girls team is unavailable, player will be placed on a coed team.	
2008	<input type="checkbox"/> 10U COED -or- <input type="checkbox"/> 10U All-Girls**		
2007	<input type="checkbox"/> 11U COED -or- <input type="checkbox"/> 11U All-Girls**		
2006	<input type="checkbox"/> 12U COED -or- <input type="checkbox"/> 12U All-Girls**		
2005	<input type="checkbox"/> 13U COED -or- <input type="checkbox"/> 13U All-Girls**		
2004	<input type="checkbox"/> 14U COED -or- <input type="checkbox"/> 14U All-Girls**		
2003	<input type="checkbox"/> 15U COED -or- <input type="checkbox"/> 15U All-Girls**		
2002	<input type="checkbox"/> 16U COED -or- <input type="checkbox"/> 16U All-Girls**		
2001	<input type="checkbox"/> 17U COED -or- <input type="checkbox"/> 17U All-Girls**		
2000	<input type="checkbox"/> 18U COED -or- <input type="checkbox"/> 18U All-Girls**		
1999	<input type="checkbox"/> 19U COED -or- <input type="checkbox"/> 19U All-Girls**		

Fill out this section, if you want your child to PLAY UP.

Birth year: _____ Desired Team Level: _____ U

Reason for request: _____

(All play-up requests must be approved by the SSSC board.)

PAYMENT (due at time of registration)	
NO REFUNDS unless SSSC unable to place player on a team.	
Base Registration Fee***: (\$65 for 5U-6U, \$80 for 7U & older)	\$ _____
\$2.50 Credit /Debit Card Fee: <i>(if using card to pay, per player)</i>	\$ _____
\$10 Late Fee (9U or older only): <i>(if mailed/submitted after 6/21/16)</i>	\$ _____
\$5 EARLY BIRD Discount: <i>(if mailed/submitted before 6/5/16)</i>	\$ _____
\$5 Family Discount: <i>(applies to 2nd, 3rd, or 4th... players in family)</i>	\$ _____
TOTAL this player:	\$ _____
Make check or money order payable to "Soccer South."	
Mail forms & payment to: <i>(No cash by mail)</i>	Soccer South PO BOX 21172 Des Moines, IA 50321
***Registration Fee DOES NOT include uniform! (Once purchased, it can be used every season. See registration guide for details)	

Parent/Guardian #1 Information (PLEASE WRITE CLEARLY! THANK YOU.)	
Volunteer Interest:	Name: _____ Relationship: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other:
<input type="checkbox"/> Coach	Cell Phone #: () _____ Home Phone #: () _____ -or- NO Home Phone
<input type="checkbox"/> Assist Coach	Email Address: _____
<input type="checkbox"/> Concessions	Street Address: _____ City _____ Zip _____
<input type="checkbox"/> Fields	Please indicate if you want to sign up for text alerts: <input type="checkbox"/> TEXT ME, PLEASE <input type="checkbox"/> No, thanks.
Parent/Guardian #2 Information (IF APPLICABLE) <input type="radio"/> Same EMAIL address <input type="radio"/> Same STREET address	
Volunteer Interest:	Name: _____ Relationship: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other:
<input type="checkbox"/> Coach	Cell Phone #: () _____ Home Phone #: () _____ -or- NO Home Phone
<input type="checkbox"/> Assist Coach	Email Address: _____
<input type="checkbox"/> Concessions	Street Address: _____ City _____ Zip _____
<input type="checkbox"/> Fields	Please indicate if you want to sign up for text alerts: <input type="checkbox"/> TEXT ME, PLEASE <input type="checkbox"/> No, thanks.

I hereby consent for my child to participate in and abide by all rules of Soccer South Soccer Club and the Iowa Soccer Association. I SPECIFICALLY AGREE TO ABIDE BY THE "NO PETS" AND "NO-SMOKING" RULES AT THE SOCCER SOUTH FIELDS. I AGREE TO PAY A \$7 CHARGE, IF MY CHECK DOESN'T CLEAR THE BANK. As parent or guardian of the above child, I acknowledge that there is the risk of injury with all recreation, and in consideration of said child being allowed to participate in the Soccer South Soccer Club, I assume all risk of injury to the child and hereby agree to indemnify and hold harmless the Soccer South Soccer Club and its agents and employees from any claims, demands or liability arising from said child's participation in the Soccer South Soccer Club. I ALSO ACKNOWLEDGE THAT I UNDERSTAND THAT NO REFUND WILL BE GIVEN, UNLESS SOCCER SOUTH IS UNABLE TO PLACE MY CHILD ON A TEAM.

Parent/Guardian Signature _____ Date: _____

SSSC USE ONLY: Date Paid: _____ Amt. Paid: \$ _____ Circle Method: Cash Check/MO # _____ Card (last 4#) _____