

Clawson Soccer Registration Form 2017-18

Player Personal Information:

Name: _____ Birthdate: _____ Sex: _____

Mother: _____ Father: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Mom Cell: _____ Dad Cell: _____

Email: _____

Emergency Contact: _____ Phone Number: _____

Medical Concerns: _____

Seasons Played: _____ Team/Coach Preference: _____

*The organization will attempt to accommodate player's request, but players are not guaranteed to be placed on preferred team.

Jerseys for U5 and U6 are t-shirts and will be provided by the league with the player's first name printed on the back.

U5-U6 Jersey Size: YXS ___ YS ___ YM ___ YL ___ AS ___ AM ___

U7-U19 Players must obtain a home and away jersey. Jersey may be purchased at Triple Thread in Clawson. More information about the uniform requirement can be found at www.clawson-soccer.org

Recognizing the possibility of physical injury associated with soccer and in consideration for USYSA/USSF/MSYSA/CS/City of Clawson/Clawson Public Schools and its affiliates accepting the registration for its soccer programs and activities (the "Programs") I hereby release, discharge and/or otherwise indemnify USYSA/USSF/MSYSA/CS/City of Clawson/Clawson Public Schools, and its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the "Programs", against any claim by or on the behalf of the registrant's participation in the "Programs" and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the "Program". Therefore, I grant the coach(s) and/or manager permission to act as my surrogate for my child in obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child.

Parent Signature: _____ Date: _____

Player Fee: U5-U6: \$30 ___ U7-U10: \$50 ___ U11-U19: \$60 ___ Late Fee + \$20 ___
Please make checks payable to Clawson Soccer. Mail checks and registration forms to:
Clawson Soccer P.O. Box 104 Clawson MI 48017