



# Homer Soccer Association

## Registration Information

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### Player Information

Last Name	First Name	Sex (B/G)	Telephone		
Street Address		Grade	Birth Date	Age	
City	State	Zip	Shirt Size	Height	Weight
Years of Soccer Experience			If you wish to have a Brother/Sister on the same team, enter his or her name		

### Parent Information

Father/Guardian	Home Telephone
Employer	Work Telephone
Mother/Guardian	Home Telephone
Employer	Work Telephone

**We need Help!**  
If you can help out, please circle anything you would like to do:

Coach     
  Assistant Coach     
  Referee     
  Other \_\_\_\_\_

**Notes/Comments:**

Cost: \$25.00 PER PLAYER      Make Checks Payable to: Homer Community Schools  
Cash or Check

**Amount Paid:** \_\_\_\_\_      **Check Number** \_\_\_\_\_

**Release of Liability For Personal Injury and Property Damage**

Our (son/daughter) desires to participate in the activities of the Homer Soccer Association, both as a spectator and active participant. We know that it will be necessary to travel for soccer games and practice and that volunteer coaches teach the skills and rules of soccer. Therefore, on consideration of any transportation to and from practice and games of soccer and the participation in activities of the Homer Soccer Association, we hereby assume all risk of injury to \_\_\_\_\_ (name of child) and we hereby release the Homer Soccer Association, its players, sponsors, drivers of carpools, coaches, aides and owners of fields from any *claim and liability* for any injury or damage of any kind sustained by such child arising from activities of the League. We acknowledge it is the responsibility of the parent(s) to provide medical supervision if needed for practice and games. We have read this agreement and have discussed it with our child.

**Please list any physical limitations or medical problems your child may have so we could inform the coach.**

**All Players must wear shin guards, shoes with toe cleats are not allowed. Dangling earrings not allowed.**

PARENT OR GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_