

Hillsboro Sports Association Soccer 2017

REGISTRATION & MEDICAL RELEASE – EXTENDED & FINAL Deadline – September 2, 2017

PLEASE PRINT

CHILDS Last Name _____ First Name _____ Middle Init. _____ (circle) Male Female

Address _____ City _____ Zip _____

Phone # _____ Birth Date _____ Current Age _____ Current Grade _____ Height _____ Weight _____

Fathers Name _____ Occupation _____ Cell or Cell Phone _____

Mothers Name _____ Occupation _____ Cell or Bus. Phone _____

LIST ANY MEDICAL PROBLEM OR PROHIBITION PLAYER HAS _____

PERSON TO NOTIFY IN EMERGENCY _____ PHONE # _____

NUMBER OF PRIOR SEASONS PLAYED _____ LAST TEAM _____

SOCCER LEAGUE PLAYING AGE

U4 = 4 yrs old and Under.

Players may play "up" into any age division they are eligible. They will play in only "one" age division. Players may not play "down". Example: A 10 yr old may play in U10, U12, U14 but cannot play in U8.

____(PreSchool) ____ (PreK/K Grade) ____ (1ST/2ND Grade)

____(3RD/4TH Grade) ____ (5TH/6TH Grade) ____ (7th/8th Grade)

* Depending on numbers in grade groups, we may need to combine age groups.

UNIFORM SIZE

SHORTS: YXS YS YM YL AS AM AL AXL AXXL

JERSEY: YXS YS YM YL AS AM AL AXL AXXL

Registration Fee: \$50.00 per child
\$45.00 for each sibling thereafter.

Registration Fee includes: Shorts, Jersey, & Socks
Season: September 16 – November 18

MEDICAL RELEASE

I, THE PARENT/GUARDIAN OF THE REGISTRANT, A MINOR, AGREE THAT I AND THE REGISTRANT WILL ABIDE BY THE RULES OF HILLSBORO SPORTS ASSOCIATION RECOGNIZING THE POSSIBILITY OF INJURY ASSOCIATED WITH SOCCER. I HEREBY RELEASE, DISCHARGE AND/OR OTHERWISE IDEMNIFY HILLSBORO SPORTS ASSOCIATION, THE CITY OF HILLSBORO, TEXAS AND ANY AFFILIATED ORGANIZATION, SPONSORS AND COACHES, THEIR EMPLOYEES AND ASSOCIATED PERSONNEL, INCLUDING THE OWNERS OF FIELDS AND FACILITIES UTILIZED FOR THE PROGRAMS, AGAINST ANY CLAIM BY OR ON BEHALF OF THE REGISTRANT AS A RESULT OF THE REGISTRANTS PARTICIPATION IN THE PROGRAMS AND/OR BEING TRANSPORTED TO OR FROM THE SAME, WHICH TRANSPORTATION I HEREBY AUTHORIZE.

NAME _____ SIGNATURE X _____
(PARENT/LEGAL GUARDIAN) (PRINT NAME) DATE _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

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.

X _____
SIGNATURE OF PARENT/GUARDIAN

ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE # _____

PARENTAL SUPPORT

WE ASK FOR ACTIVE PARTICIPATION OF ALL PARENTS IN OUR PROGRAM. CHECK AREA (S) IN, WHICH YOU WOULD BE WILLING TO HELP.

____ COACH ____ REFEREE ____ ASST COACH ____ TEAM PARENT

OFFICIAL USE ONLY

TOTAL AMOUNT REC. _____
CASH _____ CHECK # _____
RECEIVED BY _____
DATE _____
BIRTH CERTIFICATE ON FILE _____

Mail With Check To:

Hillsboro Sports Association

PO Box 1626

Hillsboro, TX 76645

Info Call: Bruce W. Urbanovsky (254)580-8017

Can Hand Deliver to Hillsboro Chamber