

Scott County Soccer Club Registration Spring 2017
Registration Deadline Feb 20th (must be post marked by Feb 20th if mailed)
 Spring Installment Registration Fee \$40
 Online Registration Available at <http://www.sc2soccer.org>



Player Last Name: _____ **First Name:** _____ **MI:** _____ **M/F:** _____
Date of Birth: _____ **Primary Contact is: Mother** ___ **Father** ___ **Other** _____
 Primary Guardian Address: _____
 City: _____ State: _____ Zip: _____

Mother's Name: _____ Father's Name: _____
 Home Phone: _____ Home Phone: _____
 Work Phone: _____ Work Phone: _____
 Cell: _____ Do you accept Text _____ Cell: _____ Do you accept Text _____
 Email Address: _____ Email Address: _____
 Mother's Birth Month and Day ___ / ___ Yr. *Not Needed*

In case of an emergency, when parents cannot be reached, please contact:
 Name: _____ Home Phone: _____ Work/Cell: _____
 Allergies including allergies to medicine: _____
 Other Medical Conditions: _____
 Player's Physician: _____ Office Phone: _____
 Insurance Company: _____ Phone Number: _____
 Policy Holder: _____ Policy # _____ Group # _____

Parents Approval

Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA and its affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owner of fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Print Name: _____
 Signature: _____

Consent for Medical Treatment (minor)

As 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 life, limb or well-being of my dependent.

Print Name: _____
 Signature: _____

Mail To: Mark Siekman
1980 S Taylor Mill Rd.
Scottsburg, IN 47170
Make Checks Payable to: Scott County Soccer Club
Questions? Visit our website: www.sc2soccer.org

Scholarship Opportunity

In order to be eligible for a full scholarship, the player must be eligible for the Free or Reduced Lunch Program at school. You may be asked to provide Proof of enrollment in the program. If you are not enrolled in the Free or Reduced Lunch Program at school, but have special circumstances that prevent you from being able to pay registration fees, please explain your situation in writing and attach it to this registration form.

I am applying for a Full Scholarship based on:

Free or Reduced Lunch Program **Other Special Circumstances** (attach explanation)

Uniform Information

Players are responsible for providing their own black soccer socks and shorts without pockets. The club provides the Jersey (Circle proper size required) **YS YM YL AS AM AL**

Volunteer Opportunities

SC2 is a parent volunteer organization. **Please circle all areas you could serve.**

Field striping Fundraising Coach Assistant Coach Team Parent At-Large Member of the Board