COMPETITIVE PLAYER REGISTRATION FORM

Sunflower Soccer Association

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PLAYER **PLAYER**
LAST NAME:_____ FIRST NAME:_____ BIRTH DATE: _____ SEX: M OR F (CIRCLE ONE)

SCHOOL: _____ GRADE: _____ MOTHERS MONTH & DAY OF BIRTH: _____
(07-08) (KS YOUTH SOCCER NOW REQUIRES THIS FOR REGISTRATION PURPOSES)

PLAYED PREVIOUSLY WITH SSA? YES NO (IF "NO", PLEASE ATTACH A COPY OF THE PLAYERS BIRTH CERTIFICATE.)

PRIMARY GUARDIAN'S NAME: _____ RELATION TO PLAYER:_____

ADDRESS: _____

HOME PHONE: _____ PLACE OF EMPLOYMENT: _____ WORK PHONE: _____

CELL PHONE NUMBER: _____ E-MAIL ADDRESS: _____

SECONDARY GUARDIAN'S NAME: _____ RELATION TO PLAYER:_____

ADDRESS: _____

HOME PHONE: _____ PLACE OF EMPLOYMENT: _____ WORK PHONE: _____

CELL PHONE NUMBER: _____ E-MAIL ADDRESS: _____

(ALL **NEW** PLAYERS **MUST** PROVIDE A COPY OF A STATE CERTIFIED BIRTH CERTIFICATE. HOSPITAL BIRTH ANNOUNCEMENTS ARE NOT ACCEPTED.)

PARENTAL SUPPORT (WE ASK FOR ACTIVE PARTICIPATION; PLEASE CHECK ONE OR MORE. INDICATE "M" FOR MOTHER OR "F" FOR FATHER.)

_____ COACH _____ FIELD WORKDAY _____ FUNDRAISING COMMITTEE _____ GOVERNORS CUP
_____ ASST. COACH _____ SOCCER CAMPS

PARENTAL / GUARDIAN CONSENT:

I (WE) THE UNDERSIGNED PARENT(S)/GUARDIAN(S) OF THE ABOVE-NAMED PLAYER DO AGREE AND GIVE MY/OUR PERMISSION FOR HIS/HER PARTICIPATION ON A SUNFLOWER SOCCER TEAM. I (WE) HEREBY GIVE 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. I (WE) UNDERSTAND THAT EVERY EFFORT WILL BE TAKEN TO INSURE THE SAFETY OF EVERY CHILD, BUT ALSO ACKNOWLEDGE THAT THERE ARE CERTAIN INHERENT RISKS INVOLVED IN PLAYING SOCCER, AND THAT SOME INJURIES MAY OCCUR. I (WE) ACKNOWLEDGE THAT SUNFLOWER SOCCER REQUIRES THE USE OF SHIN-GUARDS BY ALL PLAYERS. I (WE), ALSO AGREE TO ABIDE BY THE SUNFLOWER SOCCER "CODE OF CONDUCT" FOR COACHES, PARENTS AND SPECTATORS. I (WE) AGREE THAT THE EMPLOYEES, OFFICERS, DIRECTORS, AND COACHES OF SUNFLOWER SOCCER SHALL NOT BE HELD LIABLE OR RESPONSIBLE FOR ACCIDENTS OR INJURIES OCCURRING DURING PRACTICE SESSIONS, GAMES OR OTHER SOCCER ACTIVITIES.

_____ _____
SIGNATURE OF PARENT/GUARDIAN DATE