

SFT SOCCER REGISTRATION

PLAYER'S NAME _____
SCHOOL _____ GRADE(K-8) _____ MALE/FEMALE _____
PARENT/ GUARDIAN NAME _____
ADDRESS _____
CITY/STATE _____ ZIP _____
PHONE # (HOME) _____ OTHER _____

DRUG ALLERGIES _____
MEDICAL PROBLEMS _____
(I.E. ASTHMA) _____
INSURANCE CO _____
POLICY # _____
PREFERRED HOSPITAL _____
EMERGENCY CONTACT _____
(OTHER THAN PARENT) PH# _____

*****PARENTAL CONSENT WAIVER AND MEDICAL RELEASE*****
I HEREBY CERTIFY THAT ALL THE INFORMATION ABOUT THE
AFORESAID PLAYER IS TRUE AND CORRECT. I REALIZE THIS
SOCCER PROGRAM A NOT-FOR-PROFIT AND VOLUNTARY
PROGRAM INSTITUTED FOR THE BENEFIT OF CHILDREN IN THE
COMMUNITIES. I THEREFORE, HEREBY AGREE TO HOLD NO PARTY
CONNECTED WITH THE TEAM, THE SPONSORS, OR THE OVERBROOK
ATHLETIC ASSOCIATION RESPONSIBLE FOR INJURY TO MY CHILD
WHILE INVOLVED IN ALL ACTIVITIES WITH SFT SOCCER. I WILL
BE RESPONSIBLE FOR MY CHILD AND THEIR ACTIONS DURING ALL
SOCCER ACTIVITIES. IF MY CHILD IS INJURED, I HEREBY
AUTHORIZE THE COACH, OR TEAM MANAGER TO OBTAIN SUCH
MEDICAL ATTENTION AS MY CHILD MAY NEED INCLUDING
SURGERY FOR EMERGENCY SITUATIONS. I AGREE TO PAY ALL
MEDICAL AND HOSPITAL CHARGES FOR MY CHILD'S TREATMENT.

NAME OF PARENT PRINTED _____
SIGNATURE OF PARENT _____ DATE _____

SFT SOCCER REGISTRATION

PLAYER'S NAME _____ PHONE NUMBER _____
SHIRT SIZE YOUTH SIZES S(6-8) M(10-12) L(14-16)
ADULT SHIRT SIZES S M L XL XXL
ADDITIONAL SHIRTS \$15 _____ SIZES _____

**COST IS \$25 AND WILL INCLUDE A T-SHIRT (PLEASE MAKE
CHECK PAYABLE TO THE OVERBROOK ATHLETIC
ASSOCIATION).**

**ALL PLAYERS WILL BE REQUIRED TO PROVIDE THEIR OWN
SHIN GUARDS, A SOCCER BALL TO PRACTICE WITH, AND A PAIR
OF CLEATS WITHOUT A TOE CLEAT.**

COACH OF PLAYER LAST YEAR _____

VOLUNTEERS NEEDED

COACH ASSISTANT COACH REFEREE FIELD LINING

**ALL PARENTS OR GUARDIANS WILL BE REQUIRED TO HELP IN
THE CONCESSION STAND ON OCCASION. YOUR COACH WILL
HAVE FUTHER INFORMATION.**

IF YOU WERE A COACH LAST YEAR PLEASE WRITE YOUR NAME
AND PHONE NUMBER AND LET US KNOW IF YOU STILL HAVE
EQUIPMENT FROM LAST YEAR.

**PLEASE TURN INTO YOUR SCHOOL OFFICE BY
[REDACTED] OR CALL (785) 665-7971**

8/21/08