



Goshen Soccer Club
Recreation Soccer Registration Form
 (PLEASE FILL OUT ONE FORM PER CHILD)

C S Risk Mgmt. _	AC TP
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Child's First Name <input style="width: 95%;" type="text"/>	Child's Last Name <input style="width: 95%;" type="text"/>
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Boy <input type="checkbox"/>	Girl <input type="checkbox"/>	Date of Birth <input style="width: 95%;" type="text"/>	Grade in September <input style="width: 95%;" type="text"/>	Name of School in September <input style="width: 95%;" type="text"/>
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Address <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/>	E-Mail Address (required) <input style="width: 95%;" type="text"/>
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Did your child play for our league last year? Yes No

Father's Name <input style="width: 95%;" type="text"/>	Home Phone: <input style="width: 95%;" type="text"/>	Work/Cell Phone <input style="width: 95%;" type="text"/>	<u>Child Lives w/</u>	<u>Child Lives In:</u>
			Father <input type="checkbox"/>	Village <input type="checkbox"/>
Mother's Name <input style="width: 95%;" type="text"/>	Home Phone <input style="width: 95%;" type="text"/>	Work/Cell Phone <input style="width: 95%;" type="text"/>	Mother <input type="checkbox"/>	Town <input type="checkbox"/>
			Both <input type="checkbox"/>	School District <input type="checkbox"/>

NO TRAVEL PLAYERS MAY PLAY RECREATIONAL SOCCER.

**All youth programs function with the cooperation and assistance of parents. Please share your interests and talents with your child.

Are you willing to Head Coach?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Who is volunteering?	MOM <input type="checkbox"/>	DAD <input type="checkbox"/>
Are you willing to Assistant Coach?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Be a Team Sponsor for \$150?	*YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you willing to be a Team Parent?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	*If yes, complete boxes below.		

Sponsor's Name: (As it should appear on shirts) <input style="width: 95%;" type="text"/>
Sponsor's website address: <input style="width: 95%;" type="text"/>

Doctor's Name: <input style="width: 95%;" type="text"/>	Phone No. <input style="width: 95%;" type="text"/>
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Allergies or other pertinent medical information:

WAIVER OF LIABILITY:

I am aware that soccer is a contact sport and that my child is participating in this program at his/her own risk. I agree that the GOSHEN SOCCER CLUB and the GOSHEN RECREATION AND PARKS COMMISSION cannot accept responsibility or liability for any injuries during this season. I am aware that my child must wear shin guards during all practices and games and if a serious injury does occur that I am to inform the coach in a timely manner.

<input style="width: 95%; height: 40px;" type="text"/>	Date
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Parent/Guardian Signature

Fees: 1 Child \$85; 2 Children \$125; 3 or more Children \$150.

Number of children registered:

All Registrations at Craigville Park Pavilion. No Mail In Registrations Accepted.
 For more information go to www.goshensoccerclub.org.

FOR CLUB USE ONLY:

Club Member Initials _____	Method of Payment: Cash <input type="checkbox"/> Check <input type="checkbox"/> # _____	Amount Paid <input style="width: 80px;" type="text"/> \$	Sponsor's Only Cash <input type="checkbox"/> \$ _____ Check <input type="checkbox"/> # _____
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