



# ERIN SOCCER REGISTRATION FORM

## Fall 2010 - Spring 2011



Player Information					Please Print Clearly		Divisions	
Last Name			First Name			U-6 - Under the age of 6 as of 8/1/10 U-7 - Under the age of 7 as of 8/1/10 U-8 - Under the age of 8 as of 8/1/10 U-10 - Under the age of 10 as of 8/1/10 U-12 - Under the age of 12 as of 8/1/10 U-14 - Under the age of 14 as of 8/1/10		
Birth Date	Age as of 8-1	Gender M    F	Number of years played	Include a copy of your birth certificate with your registration if you have not already done so in a prior year.	Proof of Age Verified _____			
Address								
City		Zip Code		Phone				
						<b>Registration Fees</b>		
						U-6 \$25.00	U7 - U-14 \$60.00	

Parent or Guardian Information Please * Primary cell phone and email					Please Print Clearly		
Father's Name		Cell Phone		E-mail Address			
Address (If different from player)			City		Zip Code		Phone
Mother's Name		Cell Phone		E-mail Address			
Address (If different from player)			City		Zip Code		Phone

Emergency Contact			
Name	Relationship	Phone	Cell Phone

**Family Participation** Parents MUST participate for Club to function properly. A minimum of 3 hours of volunteer service are required or check the Financial Contribution box.

Coach - U-Level \_\_\_\_\_ Current License Level \_\_\_\_\_ Assistant Coach - U-Level \_\_\_\_\_ Current License Level \_\_\_\_\_

**If not volunteering for a coaching position, please check at least TWO of the volunteer position boxes below:**

Team Manager	Concession Director Assistant	Field Maintenance Director	Referee Director	Leah Fenney Co-Director	Picnic Director
Picture Director	KMSL Representative	Field Maintenance Crew	Park Volunteer	Leah Fenney Committee	Picnic Committee
Club President	Club Vice President	Club Treasurer	Club Secretary	Apparel / Unifor Director	Other: _____

**Concession Stand duty is MANDATORY. Only Documented Concession hours will apply towards Volunteer hours.**

**Financial Contribution - (Buyout \$75.00 per family) If you do not fulfill your volunteer responsibility, you will not receive a rebate check. No exceptions.**

**Uniforms      Jerseys - \$22.00**

Erin Soccer Club Jerseys are required. Purchase of a new jersey is not required each year if previous year's jersey still fits. If you are not purchasing a new jersey for the upcoming season, we need the number of the jersey that will be worn

Current Jersey Number : \_\_\_\_\_

NEED a Jersey: YES or NO    YS = Youth Small    YM = Youth Medium    YL = Youth Large

Size : Circle size at right    AS = Adult Small    AM = Adult Medium    AL = Adult Large    AXL = Adult XLarge

**Must provide own shoes. No metal spikes. Tennis or molded soccer cleat shoes required. Black shorts required.**

**General Information**

Split season runs 8 games in Fall (September and October) and 7-8 games in Spring (April and May). Boys and girls play on the same teams (coed) at all U levels unless specified. Teams are reformed each season with the intent to balance ages and experience within a team. Requests will be considered, but are not guaranteed. Children of coaches and assistant coaches will be on their parent's team unless otherwise specified. Children from the same family playing in the same U level will be put on the same team unless parents indicate otherwise.

I/We grant permission for the above player to participate with the Erin Soccer Team in any game sanctioned by the Kettle Moraine Soccer League during the period of September 1<sup>st</sup>, 2010 to August 31<sup>st</sup>, 2011.

I/We grant permission for the use of above player's photo for publication on the club's website.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

**Make checks payable to: Erin Soccer Club, Inc      ALL FEES ARE NON-REFUNDABLE AFTER 2nd FALL SEASON GAME**

CASH : _____	CHECK # _____	Erin Spiritwear _____
Received By _____		Registration Fee _____
Date _____		Uniform _____
<b>Volunteer Work Card (4 hours per family for the 2010 - 2011 season)</b>		Buyout _____
<b>CONCESSION STAND DUTY IS MANDATORY .</b>		\$75 per Family _____
<b>ONLY DOCUMENTED CONCESSION HOURS APPLY TOWARDS VOLUNTEER HOURS</b>		Total _____



Volunteer hours must be documented. No refund check will be issued unless documented hours are complete. More hands lighten the load for everyone, please volunteer so the Club does not have to raise fees. Thank you.

## Acknowledgement, Release of Liability and Medical Consent for Participation in Erin Soccer Club activities

The parent or legal guardian of player named on the reverse of this page, the "Registrant," recognizes that soccer is a vigorous contact sport and the Registrant may suffer temporary or permanent serious physical injury including, but not limited to sprains, fractures, brain or spinal damage, paralysis or even death while playing soccer or attending a game, tournament, practice or scrimmage. The parent or legal guardian of the Registrant recognizes the types of injuries and harm mentioned in the preceding sentence of this Release can arise from a wide spectrum of causes in regard to the sport of soccer including, but not limited to: head injuries suffered by players impacting each other, goalposts or the ground; players getting hit by motor vehicles in parking lots or roads near fields; violent or overly rough play; playing in weather that may be too dark, too hot, too wet or too slippery; player fights; injuries caused by poor field conditions including potholes, protruding sprinkler heads, holes or the like; lightning; or negligence or misconduct by coaches, parents, referees or other players. The parent or legal guardian further acknowledges and understands that travel to and from games, practices, and tournaments by motor vehicle or other means of transportation may be necessary and that such travel carries with it inherent risks of injury. With full knowledge of the above-referenced risks, and pursuant to the recreational assumption of the risk statute, sec. 895.525, Wis. Stats., the Registrant and I hereby accept and assume full responsibility for any and all harm caused by negligence, and release, discharge, and/or otherwise indemnify the Erin Soccer Club, Kettle Moraine Soccer League, coaches and staff, directors and officers, league and tournament sponsors and their directors and officers and any of their facilities utilized for soccer as to any claims and causes of action based on allegations of negligence by or on behalf of the Registrant and his or her parents or legal guardians. This release includes transportation to and from soccer games and tournaments, which I hereby authorize.

**This Release shall remain in effect from the date it is signed on the reverse of this page through to the start of next year's fall soccer season and shall be interpreted under Wisconsin law.**

With full knowledge of the risks of injury in the game of soccer, I hereby authorize the following persons to administer emergency medical treatment to my child, the Registrant, for any injury or other medical emergency while at a practice, game, tournament, scrimmage, or while attending or traveling to or from any of those activities: All coaches and managers of my child's team; all officers and officials of the soccer club to which my child's team belongs; and all directors, officers, sponsors, officials or agents of any league or tournament that my child may participate in.

This extends the right to those persons listed above to arrange for immediate medical treatment by a licensed physician and/or other trained medical personnel, and for them to provide such emergency medical care as they deem appropriate to pre-serve the life or well-being of my child.

My child and I hereby release, hold harmless and indemnify the above-listed persons for any injury or damage related to administration of emergency medical care as authorized herein.

This Consent for Medical Treatment is in effect from the date it is signed on the reverse of this page through to the start of next year's fall soccer season and shall be interpreted under Wisconsin law.

**I have read and fully understand the above statements.**

**Signature of Parent or Legal Guardian** \_\_\_\_\_

**Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

You can mail your form along with payment to:  
Dan Goodreau 1380 Emerald Drive, Hartford, 53027  
Deadline is July 9th, 2010