

Coed Soccer Registration 2010

Sandhills United Soccer Club

Registration: Jan 16 & 23 11:00am to 2:00pm; Jan. 19 & 26, 6:00pm-8:00pm

Substation2, Swansea

Player's Information:

Ages 4-18

Last Name: _____ First Name: _____ MI: _____
Street: _____ City: _____ State: _____ Zip: _____
Seasons Played: _____ Birth Date: _____ School: _____

Parent/Guardian Information:

Parent/Guardian Name: _____ Gender: Male or Female
E-Mail _____ Phone: (h) _____ (w) _____
(mobile) _____
Preferred Contact Method _____
I can help as a: Coach [] Asst. Coach [] Team Parent [] Board Member []

Additional Parent/Guardian Name: _____ Gender: Male or Female

E-Mail _____ Phone: (h) _____
(w) _____ (mobile) _____
Preferred Contact Method _____
I can help as a: Coach [] Asst. Coach [] Team Parent [] Board Member []

Parents/Guardians: SUSC is a non-profit organization that depends on **parent volunteers. Please consider volunteering – It's a great way to make a difference!**

IMPORTANT PLEASE READ & SIGN:

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the SUSC, its affiliated organizations, and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the SUSC accepting the registrant for its soccer programs and activities (the *Programs), I hereby release, discharge and/or otherwise indemnify the SUSC, its affiliated organizations, and sponsors, their employees, and associated personnel, including the owners of the fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result in the registrant's participation in the Programs, and/or being transported to or from the same, which transportation I authorize.

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

PRINT PARENT/GUARDIAN NAME: _____

Registration Fee: \$55.00

A completed application, copy of birth certificate, signed medical release form and paid registration fee are required prior to team placement. A late fee of \$10.00 will be assessed for applications received after January 30, 2010.

AMT DUE: _____ AMT PAID: _____ METHOD: _____ DATE: _____ INT: _____ SEASONS: _____ AGE: _____
BIRTH CERT.: [] MEDICAL RELEASE FORM: []

For Additional Information please visit our website, www.sandhillsunited.com or call (803) 568-2786. A complete packet including registration fee may be mailed to the following address:

**SUSC
PO Box 572
Gaston, SC 29053**

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