

# Salem Surge Soccer Club

## 2007 Fall Registration

### PLAYER INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ Boy / Girl (circle one) Grade (Sept. 2007) \_\_\_\_\_

On August 1, 2007, Player is \_\_\_\_\_ years old.

Division (circle one):

U-6	U-8	U-10	U-12	U-14
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Kinder. Grade 1-2 Grade 3-4 Grade 5-6 Grade 7-8

[U6 - All children eligible for Kindergarten & any child entering First Grade who did not play last fall. All other divisions determined by age: U8 - Children under 8 years of age on August 1, 2007. U-10 - Children less than 10 years of age on August 1, 2007, etc.]

Email Address : \_\_\_\_\_

[By providing your address, the Club will add you to our email distribution list for notices on all Club events and information.]

### PARENT(s) / GUARDIAN(s) INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Would you be willing to volunteer for any of the following: (indicate with "X")

Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Team Parent \_\_\_\_\_

### MEDICAL INFORMATION:

Does the player have any allergies? YES / NO Is the player taking any medication prescribed by a physician? YES / NO

Is the player under the care of a physician for any long term illness? YES / NO

If "YES" to any of the above, please discuss any restrictions with respect to soccer or snacks: \_\_\_\_\_

Physician \_\_\_\_\_ Phone: \_\_\_\_\_

### CONSENT FOR MEDICAL TREATMENT OF A MINOR

As a parent or legal guardian, I hereby give my consent for all medical care prescribed by a licensed Doctor of Medicine or appropriate emergency personnel for the above named player. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DO YOU NEED A UNIFORM? YES \_\_\_ NO \_\_\_ SIZE-(circle) YM YL YXL AS AM AL

Registrations may be mailed to : **Salem Surge Soccer Club**  
**Attn: Registrar**  
173 Beckwith Hill Dr.  
Salem, CT 06420

Checks payable to; SSSC  
**\$20 for Recreation 4-7yr olds**  
**\$40 for Travel 8-14yr olds**

CLUB USE ONLY Cash \$ \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_