



2010 Soccer Registration Form



SOCCA use only

visit our website @ www.playsocca.org

Return Form and check or money order to: SOCCA, P.O. Box 1052, Coshocton, OH 43812

Fees: \$40/player or \$80 /family maximum. 6th through 12th Grades only \$20. See page 2 for details.

(THERE WILL BE NO REFUNDS OF FEES FOR ANY REASON) See reverse side for other registration information.

PLEASE PRINT CLEARLY "Deadline Date for Registration is February 20th, 2010"

School Name and Current Grade:

Child's Last Name:		Current Age:	Male / Female (circle one)
Child's First Name:		Date of Birth: >> MM/DD/YY >>	
Address:		City:	
State:	Zip Code:	Area Code Tel Number: ()	
Email:		Area Code Cell Number: ()	
Soccer Clubs and # Years Participated:			
Parent/Guardian Name: Please Print Clearly: >>>>>>			

LIABILITY WAIVER: I, the parent/guardian for the above named child release and/or discharge the SOCCA Organization of the Coshocton County Area, it's affiliated sponsors, employees, and associated personnel, including the owners of fields and/or facilities utilized for games or practice against any claim by or on behalf of the registrant as a result of his or her participation. ((Must sign to participate on Liability)).

Parent/Guardian Signature:

Player Shirt Size:				Practice Areas: Please indicate your 1st and 2nd choice of area where practice would be most convenient for you. Practice areas and times will be determined by coaches. Choices are NOT guaranteed. ___ West Lafayette ___ Coshocton ___ Conesville ___ Newcomerstown ___ Fresno ___ Keene ___ Lake Park ___ Warsaw ___ Union ___ Other ()
Youth Sizes: check one		Adult Sizes: check one		
Small 6-8	<input type="checkbox"/>	Small 34-36	<input type="checkbox"/>	
Medium 10-12	<input type="checkbox"/>	Medium 38-40	<input type="checkbox"/>	
Large 14-16	<input type="checkbox"/>	Large 42-44	<input type="checkbox"/>	
	<input type="checkbox"/>	X-Large 46-48	<input type="checkbox"/>	
Jersey and Socks are provided in the cost. Shin guards must be worn during all SOCCA participation. "Soccer cleats" having <u>no toe cleat</u> may be used provided by participant. Shorts may be as agreed by each team and provided by participants.				

PARENTS!! WE NEED YOUR HELP!!

We are asking for active participation of parents in our program. Please check areas in which you will be willing to help. **NO PRIOR EXPERIENCE IS NECESSARY!!** Clinics will be provided for coaches and referees to give basic fundamentals of the game. You can also find other educational references for coaching on our website at www.playsocca.org.

Name:	As COACH _____ ASST/CO-COACH _____ Referee _____
Phone: ()	EMAIL: _____
Contacted Y / N	

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