



## Troy Soccer Club Registration Form

Troy Park Office  
410 Wickliffe St.  
667-6887

**Registration fee is \$80.00/player for each of the first two children, maximum fee per family is \$160**

**WAIVER MUST BE SIGNED AND DATED**

A late registration fee of \$20/child will apply after July 2, 2017

|            |                   |                   |                   |             |                  |                       |                  |
|------------|-------------------|-------------------|-------------------|-------------|------------------|-----------------------|------------------|
| Divisions: | U18: Players born | U14: Players born | U12: Players born | U10 Players | U8: Players born | U6 Coed: Players born | U5 Coed: Players |
| Ages       | 14-18             | 12 & 13           | 10 & 11           | 8 & 9       | 6 & 7            | 5                     | 4                |

| First Name | Last Name | Date of Birth | Gender | Grade in<br><span style="color: red;">August 2017</span> | Division | Shirt<br>Size | Teammate/Coach Request |
|------------|-----------|---------------|--------|--|----------|---------------|------------------------|
| 1          |           |               |        |  |          |               |                        |

| First Name | Last Name | Date of Birth | Gender | Grade in<br><span style="color: red;">August 2017</span> | Division | Shirt<br>Size | Teammate/Coach Request |
|------------|-----------|---------------|--------|--|----------|---------------|------------------------|
| 2          |           |               |        |  |          |               |                        |

| First Name | Last Name | Date of Birth | Gender | Grade in<br><span style="color: red;">August 2017</span> | Division | Shirt<br>Size | Teammate/Coach Request |
|------------|-----------|---------------|--------|--|----------|---------------|------------------------|
| 3          |           |               |        |  |          |               |                        |

| First Name | Last Name | Date of Birth | Gender | Grade in<br><span style="color: red;">August 2017</span> | Division | Shirt<br>Size | Teammate/Coach Request |
|------------|-----------|---------------|--------|--|----------|---------------|------------------------|
| 4          |           |               |        |  |          |               |                        |

| Address | City | State | Zip Code |
|---------|------|-------|----------|
|         |      |       |          |

**Primary Contact**

| First Name | Last | ** Email | Print Legibly | Phone |
|------------|------|----------|---------------|-------|
|            |      |          |               |       |

**Additional Contact or additional email address for account**

|  |
|--|
|  |
|--|

\*\*\* If your child has medical information the coach needs to be aware of it needs to be discuss directly with the coach with any instructions.

**Coaching:**

|           |          |       |     |       |            |       |       |       |
|-----------|----------|-------|-----|-------|------------|-------|-------|-------|
| Coach     | Division | _____ | DOB | _____ | Shirt Size | _____ | Email | _____ |
| Assistant | Division | _____ | DOB | _____ | Shirt Size | _____ | Email | _____ |

\* Background Check Form Needed  
\* CDC Concussion Certificate Needed

**Concussion Information:**

I recognize Tri Township Park Districts' Concussion Protocol. The coaches will be certified, there is an action plan in place for concussions, and information available to me via pamphlets available at registration and through out the season in the park office and resources available on the CDC website at [www.cdc.gov/headsup](http://www.cdc.gov/headsup) with a link to this on the park district website at <http://www.tritownshipark.org> and on Blue Sombrero. I acknowledge this information is available at here at registration and online.

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

**Waiver:**

As the parent and/or legal guardian of the child(ren) named above, I hereby give my full consent and approval for my child(ren) to participate in this program. I recognize and acknowledge that there are certain risks involved in participating in this program. I agree to assume the full risk of any injury, including death, damage and/or loss regardless of severity which my child(ren) may sustain as a result of participating in any and all activities connected with this program. I hereby certify that my child(ren) is/are capable of participating in the above program and that my child(ren) is/are healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed under medical information. I fully agree to indemnify and hold harmless the Tri-Township Park District, the Troy Soccer Club, its officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages and/or losses sustained by my child(ren) arising out of, connected with, or in any way associated with activities of this program.

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

**FEES**

|                                   |                |
|-----------------------------------|----------------|
| Registration Fees:                | \$80 per _____ |
| (Max Paid per Family is \$160.00) |                |
| Paid via: Cash or Check # _____   |                |

**I am interested in:**

Field Day       Awards Day       Board Member