

Spring Season

Fee \$50

(FEB-MAY)

Southside Soccer Club

Adult Soccer Program

Southside Soccer Club • P.O. Box 230169 • Tigard, Oregon • 97281
Website: www.southsidesoccer.org • e-mail: admin@southsidesoccer.org
503-968-7197 phone • 503-968-6861 fax

PLAYER INFORMATION (print in blue or black ink):

LEGAL NAME AS ON BIRTH CERTIFICATE		PHONE	
STREET ADDRESS		CITY	ZIP CODE
PRIMARY E-MAIL ADDRESS (please print LEGIBLY)			
SECONDARY E-MAIL ADDRESS (please print LEGIBLY)			
EMERGENCY CONTACT			
I am 18 years or older <input type="checkbox"/>	GENDER: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		

Volunteers are an important part of your participation at SSC. Through volunteerism we keep our costs to a minimum while offering the best programs and coaching staff. You may be asked to participate based on the needs of SSC. If you have a preference about where you would like to participate please indicate:

- Field Preparation
 Event Planning
 Chinook Cup Committee
 Office Assistance
 Fundraising

Donation \$ _____

RELEASE STATEMENTS

LEGAL RESPONSIBILITY: I, the registrant and will abide by the rules of USYSA and its affiliated organization. I hereby waive liability of SSC and its officers, employees, coaches, volunteers, and other SSC members, to the greatest extent allowed by law, for injuries to myself while engaged in any SSC activities. I also understand that I am the primary person responsible for my welfare. I hereby agree to defend, hold harmless and indemnify SSC, its officers, employees, coaches, volunteers, and other SSC members from any liability, damage, or loss resulting from my failure to undertake &/or perform my responsibilities.

PHYSICAL CONDITION / MEDICAL CONSENT: I certify that to the best of my knowledge, that I have no physical or mental condition which prohibits me from participating in the Southside Soccer Club (SSC) Adult Soccer Program.

Print Name	Signature	Date	
Medical Insurer & Policy Number or ID Number		Doctor's Name	Doctor's Phone Number

REGISTRATION INSTRUCTIONS:

Please fill out registration form and drop off or mail with \$50 check to
Southside Soccer Club PO Box 230169 Tigard, OR 97281

SSC USE ONLY

Tryout fee: _____ check # Birth Cert: YES NO Date: _____ Initials: _____