

# Fall Outdoor Referee

## Registration Form

Southside Soccer Club • PO Box 230169 • Tigard, Oregon • 97281

*admin@southsidesoccer.org • www.southsidesoccer.org*

*503-968-7197 • 503-968-6861 fax*

**Use blue or black ink. Incomplete or incorrectly completed forms will be returned.**

**REFEREE INFORMATION:** (If also playing, please complete the player registration form.)

FULL LEGAL NAME		HOME PHONE	
STREET ADDRESS		CITY	ZIP CODE
PRIMARY E-MAIL ADDRESS (required to be a referee)		SCHOOL GRADE (next September)	
SECONDARY E-MAIL ADDRESS		SOCIAL SECURITY NUMBER (required to be a referee)	
DATE OF BIRTH	GENDER	YEARS REFEREE EXPERIENCE	REFEREE LICENSE LEVEL
		Outdoor Rec _____ Outdoor Classic _____ SSC Indoor _____	

**PARENT/GUARDIAN INFORMATION:** Player lives with:  Both  Mother  Father  Other \_\_\_\_\_

FATHER/LEGAL GUARDIAN	HOME PHONE (if different)	WORK PHONE	CELL PHONE
MOTHER/LEGAL GUARDIAN	HOME PHONE (if different)	WORK PHONE	CELL PHONE

### RELEASE STATEMENTS

**LEGAL RESPONSIBILITY:** As parent or legal guardian of this child, 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 or my child while engaged in any SSC activities. I understand that SSC attempts to conduct background checks of coaching applicants prior to appointing SSC coaches. I also understand that these background checks are limited in nature, and that errors can occur in such checks, in the interpretation of the checks, or in the exceptions to the results of the checks. I also understand that I am the sole person responsible for my child's welfare. I acknowledge that SSC recommends I should remain within sight of my child at all times he or she is engaged in any SSC activities and I should never leave my child alone with people whom I do not personally know &/or trust. 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, my child has no physical or mental condition which prohibits this child from participating in the Southside Soccer Club (SSC), or which requires special consideration by the child's coach. As parent or legal guardian of this child, I hereby consent to any emergency medical treatment as approved by his/her coach or other person associated with SSC in case of illness or injury while participating in all levels of practice, travel, or other SSC activities. I understand that this is to prevent undue delay and assure proper treatment and that only a licensed physician will be engaged for such an emergency (other than first aid). Parents will be notified as soon as possible if such an emergency occurs.

Medical conditions the coach should be aware of (please discuss with a board member prior to registering): \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

EMERGENCY CONTACT NAME & PHONE NUMBER	DOCTOR'S NAME	DOCTOR'S PHONE NUMBER
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All referees must be at least 13; must have their Level 8 Referee License, must sign the Referee Code of Conduct, and attend any required training or meetings as set forth by the club. Please contact the office if additional information is needed.