

SVE Soccer Club

c/o Sally Marx, P.O. Box 723, Spencer NY 14883
589-6311 or smarx25@htva.net
Make check pay to "Soccer"



Program: _____ Suggested Donation: _____ Amt Enclosed
Winter Competitive - Session 2 \$80 \$_____ ca__ or ck #_____

If a scholarship is needed, pls. circle: **full** or **partial** (I can donate \$_____)

PLAYER INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____
Birth date: Month/Day/Year ____ / ____ / ____ Age on August 1, 2008: _____ Gender: Male ____ Female ____
Street Address: _____ Town: _____
Mailing Address if different: _____ Zip: _____
Area Code: ____ Telephone Number: _____ Email: _____
School Grade Now: ____ Jersey Size: YS YM YL AS AM AL AXL

Pls. print very clearly

PARENT/GUARDIAN INFORMATION: player lives with _____ Home Phone: _____

Father's Name: _____ Occupation: _____ Bus. Phone: _____
Email: _____ Cell Phone: _____

Step Parent Name: _____ Occupation: _____ Bus. Phone: _____
Email: _____ Cell Phone: _____

Mother's Name: _____ Occupation: _____ Bus. Phone: _____
Email: _____ Cell Phone: _____

Step Parent Name: _____ Occupation: _____ Bus. Phone: _____
Email: _____ Cell Phone: _____

MEDICAL INFORMATION:

List any medical problem or prohibition player has: _____

I, (print name) _____ as parent/guardian of _____, give permission for my child to play soccer and will not hold the SVE Soccer Club or any of its officers, coaches, referees, other volunteers or its sponsors responsible for injuries which may occur. In my absence, I give the SVE Soccer Club permission to provide or obtain medical attention as may be appropriate. I release SVEYA from any liability of any injury my child may sustain while participating in any SVEYA activity.

Parent/Guardian Signature: _____ Today's Date: _____