

STILLWATER SOCCER CLUB

www.stillwatersoccerclub.com

PO BOX 2466, Stillwater, OK 74076

580-716-5775



APEX FALL/SPRING REGISTRATION

Date: ____/____/____

PLAYER INFORMATION

LAST NAME										FIRST NAME										MI	
ADDRESS																					
CITY					STATE			ZIP CODE				PARENT/GUARDIAN PHONE NUMBER									
<input type="checkbox"/> M = MALE <input type="checkbox"/> F = FEMALE		AGE			BIRTHDATE				HEIGHT				WEIGHT LBS								
# OF PRIOR SEASONS PLAYED					LAST TEAM					LAST LEAGUE					DATE OF LAST SEASON						

PARENT / GUARDIAN INFORMATION

Mother / Guardian Name			Preferred Phone #			Alternate Phone #		
Mother / Guardian E-Mail: _____								
Father / Guardian Name			Preferred Phone #			Alternate Phone #		
Father / Guardian E-Mail: _____								

MEDICAL INFORMATION / EMERGENCY CONTACTS

List Any Medical Problem(s) / Limitation(s) Player Has _____

Person (other than parent) to Notify in an Emergency: _____ Phone: _____

Doctor to Notify in an Emergency: _____ Phone: _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

PRINTED NAME OF PARENT OR GUARDIAN _____

SIGNATURE _____

DATE _____

INDEMNITY

I, the parent / guardian of the Registrant, a minor, agree that the Registrant and I will abide by the rules of the Stillwater Soccer Club ("SSC"). Recognizing the possibility of physical injury associated with soccer and in consideration for the SSC accepting the Registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the SSC, its affiliated organization and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the Registrant as a result of the Registrant's participation in the Programs and / or being transported to or from the same, which transportation I hereby authorize.

SIGNATURE _____

DATE _____

OFFICE USE ONLY

REGISTRATION FEES		PAID ✓	PAYMENT OPTION						
SUMMER CAMP / TRYOUT	\$75.00	<input type="checkbox"/>	CASH:						
PLAYER FEE	\$150.00	<input type="checkbox"/>	CREDIT CARD:		MC	Visa	Discover	AmEx	Last 4 Digits
FALL TEAM / TRAINING	\$150.00	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SPRING TEAM / TRAINING	\$150.00	<input type="checkbox"/>	CHECK #:					AMOUNT: \$ _____	
		<input type="checkbox"/>	CHECK #:						
UNIFORM FEES	\$ _____	<input type="checkbox"/>	CHECK #:						