



REVERE SOCCER CLUB



www.reveresoccer.com

2010 FALL IN-HOUSE REGISTRATION FORM KINDERGARTEN THRU THIRD GRADE ONLY

Registration is open for residents and/or students of the Revere School District only*

Important

- ☛ **Please read thoroughly and fill out completely, including all of the emergency medical information. Please print clearly!**
- ☛ Membership in the Revere Soccer Club is concurrent with this season of participation
- ☛ Players will be accepted in the order that their completed forms are received
- ☛ Late registration will be subject to team and roster availability
- ☛ Once teams are full new players will be placed on a waiting list
- ☛ For refund policy please refer to www.reveresoccer.com

Cost is \$75.00 for Fall Season
Includes Academy style practices
Make your checks payable to:
Revere Soccer Club

Registration deadline: **June 1st, 2010**
Postmarked
After June 1st, 2010 please include a \$20.00 late fee if not paid, we are unable to register the player

Mail completed form to:
**Revere Soccer Club
In house Soccer
PO Box 505
Bath, Ohio 44210**

For additional information, please contact
In-House Registrar: Sarah Blakely (330) 659-5949
Email: sarahblakely@windstream.net

*****Please notice that children will be placed by grade*****

FIRST /LAST NAME _____ PARENT'S NAME _____
 ADDRESS _____ CITY/ ZIP _____
 MOTHER'S BIRTHDAY: MONTH _____, DAY _____ (used as OYSAN ID)
 PHONE NO _____ EMAIL ADDRESS (PRINT) _____
 BIRTH BIRTHDATE _____ GENDER (circle)--Male or Female
 GRADE IN SCHOOL for 2010-2011 _____ SCHOOL NAME _____
 SEASONS PLAYED _____ LAST SEASON'S COACH _____
 ☺ ☛ Parental Help: I am interested in COACHING _____ ASST. COACH _____ ADMINISTRATIVE _____

IN CASE OF EMERGENCY CONTACT	PHONE _____
SIGNED _____	LIST ANY MEDICAL PROBLEMS _____
PARENT AUTHORIZATION:	
I hereby certify that a physical examination has been given during the year prior to this soccer season or that (player) _____ is in good health to play. I will also provide additional primary insurance coverage for him/her. In consideration of the benefits to be derived from participation in the revere soccer club, I (parent/guardian) _____ do hereby release and forever discharge the revere soccer club, the Ohio youth soccer association-north, it's leagues, it's officers, it's coaches, directors, commissioners, and owners of any fields or facilities, from any and all actions, claims, and demands for, upon or by reason of damage, loss or personal injury which may be sustained by him/her during the course of or as the result of this activity. If I can not be reached in an emergency, I (signature) _____ hereby give my permission to the adult in charge to secure proper emergency medical assistance and treatment.	

*This activity, event, and/or organization is not affiliated with, sponsored, sanctioned, or authorized by the Revere Local School District, the Revere Local School District Board of Education, or the Revere Schools.

OFFICIAL USE ONLY: RECEIVED BY _____ ON _____ AMOUNT PAID _____ CHECK# _____