



# REVERE SOCCER CLUB



[www.reveresoccer.com](http://www.reveresoccer.com)

## 2012 SPRING IN-HOUSE REGISTRATION FORM KINDERGARTEN THRU 3<sup>rd</sup> GRADE ONLY

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

### Important

- ☉ Please read this form and print clearly! Complete all yellow boxes!
- ☉ Late registration will be subject to team and roster availability.
- ☉ Incomplete forms will be returned to you for completion, late registration fees may apply.
- ☉ Spring season will begin in Mid-April.
- ☉ Email will be our primary mode of communication.
- ☉ For refund policy, please refer to our website [www.reveresoccer.com](http://www.reveresoccer.com).
- ☉ Children will be placed on teams by grade.
- ☉ K & 1st Grade includes Academy style practice with small sided games.
- ☉ 2nd & 3rd Grade program includes 8 games, team practice and Academy style instruction.
- ☉ Revere soccer jersey provided to new players.

Make your checks payable to: **Revere Soccer Club**

**Early Bird Registration Price is \$75.00 if postmarked by March 1<sup>st</sup>, 2012**

**Price after March 1<sup>st</sup>, 2012 = \$95.00  
NO Registrations Accepted After April 16<sup>th</sup>, 2012**

**Please MAIL completed form and payment 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: [sarahgblakely@gmail.com](mailto:sarahgblakely@gmail.com)

**\*\*\*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 2011-2012 \_\_\_\_\_ 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# \_\_\_\_\_