

Form # _____

Answer questions below if applicable:

Coach or Assistant Coach?: All coaches must fill out a SAY Volunteer Form (Criminal Background Check) in order to coach in the SAY Program. We also need to know your shirt sizes.

Coach: _____ Size: _____

Asst. Coach: _____ Size: _____

Indicate coach Size:

Small, Medium, Lg, X-Lg, XX-Lg

Sponsored Child ? Is this child/grandchild the sponsored child of a team sponsor?
If so, which team? _____

Madison SAY Soccer Association 2015 Soccer Registration Form

Return forms to the field House/Baseball Field Concession Stand area at Madison fields on one of the dates below:

- **Saturday, May 9th, 11am to 8pm, Springfest**
- **Saturday, May 16th, 10am-1pm, Field House**
- **Saturday, May 23rd, 10am-1pm, Field House**
- **Wednesday, May 27th, 5:30pm to 7:00 pm, Ball Field**
- **Thursday, May 28th, 5:30pm to 7:00 pm, Ball Field**

Fees

_____ \$75 First Child
\$10 Discount per
Additional Child
\$20 Late Fee

\$_____ **Total Paid**



Check No: _____ Prior Player: _____
Cash: _____ Birth Cert. Seen _____
Receipt No: _____ B.C. Viewed By _____ (Initials)

Name of Participant

Birth Date

Gender

**Soccer - Years
of Experience**

Last Name

First (or called name)

Month

- Day

- Year

M/F

Years

Registration Requirements: Boys & girls who have never registered before in the Madison Knothole or Soccer programs must present Birth Certificates at registration. If there are circumstances that would prevent you from registering your child at the designated times, contact Jen Garcia 513-252-4566. Madison SAY Soccer Association will turn no child away if unable to pay Registration Fees. There will be no refund of the Registration Fee once the order for the team uniforms has been made.

Note !!: All registrations after May 28th will be placed on a waiting list and placement on a team is not guaranteed.

Check the appropriate space:

Born Between

**Boys
Leagues**

**Girls
Leagues**

Candy League, Soccer Ages 4-5
Must turn 4 by July 31st.

(Aug 1 '09 - July 31 '11)

Passer League, Soccer Ages 6-7

(Aug 1 '07 - July 31 '09)

Wing League, Soccer Ages 8-9

(Aug 1 '05 - July 31 '07)

Striker Lg, Soccer Ages 10-11

(Aug 1 '03 - July 31 '05)

Kicker Lg, Soccer Ages 12-13

(Aug 1 '01 - July 31 '03)

Siblings - If brothers (sisters) are in the same league, do you want them to be on the **same** team? _____ (Yes, No)

All Leagues: Is there a medical condition about your child that your soccer coach should know about? _____ (Yes, No) If answered "Yes", coach will contact you.

Please circle size:

Youth Sizes

Adult Sizes

Sock Sizes

Shirt Size

S M L

S M L XL

S M L

Short Size

S M L

S M L XL

THE FOLLOWING STATEMENT MUST BE SIGNED BY PARENT OR GUARDIAN:

We hereby agree that the Soccer Association for Youth (SAY), its members, coaches or officers shall not be liable for any injury or loss which I or my child may sustain while participating in activities of any kind, whether sponsored by or under the supervision of SAY or MSSA, and we agree to indemnify and to hold harmless, SAY, its members, coaches, officers, or designates of any kind from any claim whatsoever.

Parent/Guardian Signature - Date

Phone/Cell Number(s)

Please give us at least one phone or cell number (1st Preferred Number). You may supply additional information if desired.

1st Pref. () _____
Area Code Phone/Cell Home, Mom, etc

Parent/Guardian - Name Printed

2nd Pref. () _____
Area Code Phone/Cell Home, Mom, etc

Str. No. Street Name

City

ZIP Code

3rd Pref. () _____
Area Code Phone/Cell Home, Mom, etc

Parents Email Address:

