SOUTH RANGE SOCCER CLUB RECREATIONAL YOUTH SOCCER REGISTRATION FOR FALL 2024



 Jersey
 Youth XS
 Youth S
 Youth M
 Youth L

 Sizes
 Adult S
 Adult M
 Adult L
 Adult XL

Date

Division 2019 - 8/1/2020: U6 \$44 2017 - 2018: U8 \$88 Chart by 2015 - 2016: U10 \$88 Birthyear 2013 - 2014: U12 \$88 2010 - 2012: U14/15 \$88

| Player Name (First and Last Name) | Birthdate | Gender | Jersey Size | Medical Conditions / Allergies | Carded Player? (club, travel or competetive) |
|-----------------------------------|-----------|---------------------------|-------------|--|--|
| | | | | | Yes or No |
| | | | | | Yes or No |
| | | | | | Yes or No |
| | | | | | Yes or No |
| | | | | | Yes or No |
| | | | | | Yes or No |
| Divisions by Birthyear: | | - 8/1/2020 - 2018 \$88 | | 2015 - 2016 \$88 U14/15: 2 2013 - 2014 \$88 | 010 - 2012 \$88 |
| Elizikilia | 23.2017 | 20.5 400 | 012.1 | 20 400 | |

Eligibility:

Parent or Guardian Signature

Players must be 4 years old by 8/1/2024. Players must be born on or after 1/1/2010 and not yet in high school. Competitive players registering for recreational soccer may be placed on a waiting list.

Please Make Check Payable to South Range Soccer Club. Mail to: PO Box 391, Canfield, Ohio 44406 Family Discount: Register two or more for U8-U14/15 players and take \$20 off the total amount.

Discount does NOT apply for U6.

| Parent or Guardian Name | Parent Email | Parent Mobile Phone |
|---|---|---|
| | | |
| Home Address, City State & Zip | | |
| wise indemnify the organization/lead Association North, it's affiliated spo and facilities utilized against any cla Consent for Medical Treatment (M personnel and/or doctor of medicin | gue/club for which I am registering onsors, employees and associated pe iim by, or on behalf of, the registrar INOR) I hereby give my consent to | cicipant") release, discharge and/or other- the child to play, Ohio Youth Soccer ersonnel, including the owners of the fields at as a result of his or her participation. To have a coach, athletic trainer; emergency hter with medical assistance and/or treat- such assistance and/or treatment. |

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| Volunteer | | | | | | | |
|--|------------------------|-----------------------|------------------|-------------|--|--|--|
| Head Coach | Assistant Coach | Parent Helper | Paid Referee | Concessions | | | |
| | | | | | | | |
| | | | | | | | |
| Handel's Pint Card Fundraiser | | | | | | | |
| South Range Soccer Club and Handel's Homemade Ice Cream are teaming up to raise money by selling pint cards toward everybody's favorite ice cream. Help SRSC pre-sell pint cards at retail value to earn money for our club! | | | | | | | |
| Fundraiser runs June 12th - July 5th. | | | | | | | |
| Yes, sign m | ne up! I'm not interes | sted I'd prefer to ma | ke a donation \$ | | | | |

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REGISTRATION WILL NOT BE ACCEPTED WITHOUT PAYMENT AND LIABILITY WAIVER BOX CHECKED, SIGNED AND DATED