



Hastings Soccer Club
Spring 2010 Registration
www.hastingsoccer.com



Registration Deadline – December 20th, 2009

See the **Parent's Letter** for more registration and payment information.

Annual Club Membership Fee - \$15 per player (if you didn't play in the fall)	_____
Spring Session Fee (\$50 if received by Dec. 20th and \$60 after the deadline. No exceptions!)	_____
Second Child Playing (\$40 if received by Dec. 20th and \$50 after the deadline. No exceptions!)	_____
Cash _____ Check# _____ Total \$	_____
Referred by _____	

<p>Make checks payable to: Hastings Soccer Club Drop off or mail to: John Van Brocklin 1609 N Highland Road Hastings, NE 68901</p> <p>463-3436 jjvb@windstream.net</p>
--

The following information is required for ALL players.

Player's Name: _____ Player's Gender: M F

Date of Birth: _____ Month & Day of Mother's Birth _____

Street Address: _____ City and Zip: _____

Parents' Names: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Interested in participating in the organizational activities of the soccer club? Yes No

Any known allergies or other pertinent medical information? _____

Name and phone number of emergency contact other than parents. _____

Recognizing the possibility of physical injury associated with soccer and in consideration for USYS/USS and its affiliates accepting the registrant for its soccer programs and activities (the "programs") I hereby release, discharge and/or otherwise indemnify USYS/USS, its affiliated organizations 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's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the Programs.

Therefore I grant Coach _____ and/or _____ permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child.

Signature of Parent/Guardian: _____ **Date:** _____

Refunds are subject to board approval