

CORTLAND COUNTY SUMMER SOCCER REGISTRATION

RECREATIONAL

LAST NAME _____ FIRST _____ M.I. _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ BIRTHDATE _____ AGE **ON 7/31/08** _____

GRADE (entering in Sept. 2008) _____ SCHOOL _____ SEX: MALE _____ FEMALE _____

CIRCLE ONE TEAM: CINCINNATUS **CORTLAND** DERUYTER DRYDEN GROTON HOMER

LANSING MARATHON McGRAW TULLY

BOYS SENIOR DIVISION _____

GIRLS SENIOR DIVISION _____

BOYS JUNIOR DIVISION **X** _____

GIRLS JUNIOR DIVISION _____

Person to notify in case of emergency _____ phone _____

Family Physician _____ phone _____

Any known Medical Problems _____

CONSENT for MEDICAL TREATMENT (minor). As the parent/legal guardian of the above named player, I hereby give my consent for emergency medical care by a licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependant.

I hereby certify that it is with full knowledge and consent that the above application may take part in the Cortland County Summer Soccer League. I will not hold the Cortland County Youth Bureau, its principals, or representatives responsible for any injury my child (ward) may sustain while engaged in this program.

PARENT/GUARDIAN SIGNATURE & DATE

PARENT/GUARDIAN SIGNATURE & DATE

ARE YOU **CURRENTLY COVERED UNDER NYS WEST SOCCER?** YES NO
(Circle One)

NYS WEST SOCCER MEMBERSHIP NUMBER _____

(Note: If you do not have a number, you **must** pay to join.)

PAID BY: CHECK _____ CASH _____