

# Tallmadge United Soccer Club

[www.tallmadgeunitedsoccerclub.org](http://www.tallmadgeunitedsoccerclub.org)

## 2008 T.U.S.C. Spring Recreational Soccer Registration

The T.U.S.C. Spring Recreational program will take place at the Summit County Fairgrounds. The season will consist of 8 games on Saturdays mornings from April thru May. A 5 vs. 5 format is used. Three age groups are offered, 4-5 years old, 6-7 year olds, 8-9 year olds

**Uniforms:** Each player will be provided with a shirt, shorts and socks. Players **MUST** wear shin guards.

**Practices:** Practice, places and times are set by the individual coaches. When all the teams have been formed, your coach will contact you with that information, usually within 1-2 weeks prior to the start of the season. Teams practice once weekly.

**Registration Fees:** 4- 5 year old .....\$50.00 per session  
6-9 year old.....\$50.00 per session  
Each additional immediate family member .....\$40.00 per uniform

**How to Register:** 1.) Fill out *ONE* form per child  
2.) Enclose registration fee. Make checks payable to Tallmadge United Soccer Club  
3.) Mail fee and form to:

**T.U.S.C.  
P.O. Box 310  
Tallmadge, Ohio 44278**

Questions: If you have any further questions, check on the website or call 330.630.TUSC

**MAIL IN REGISTRATION DEADLINE IS MARCH 1, 2008**

**WALK IN REGISTRATION WILL BE HELD AT RITICHIES SPORTING GOODS ON SATURDAY JULY 29,2008**

Player's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Player's Age: \_\_\_\_\_ Number of seasons played: \_\_\_\_\_ We have access to the internet: \_\_\_\_ Yes \_\_\_\_ No

Mother's Name: \_\_\_\_\_ Cell / Work: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell / Work: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Medical Problems / Restrictions: \_\_\_\_\_

Date late played with T.U.S.C.: \_\_\_\_\_ Coach: \_\_\_\_\_

Special requests: \_\_\_\_\_

*(WE WILL DO OUR BEST TO ACCOMADATE ANY REQUESTS, HOWEVER WE CAN NOT GUARANTEE WE WILL BE ABLE TO)*

Uniform: \_\_\_\_ My child has a T.U.S.C. uniform and will not need one

\_\_\_\_ My child will need a uniform

Sizes: (Youth) \_\_\_\_ Large (Adult) \_\_\_\_ Small \_\_\_\_ Medium \_\_\_\_ Large

We are always looking for parents and volunteers for help. If you would be willing to help in any of the areas below, please check your area of interest and you will be contacted with further information.

\_\_\_\_ Coaching \_\_\_\_ Assistant Coaching \_\_\_\_ Lining Fields \_\_\_\_ Concession stands

**Waiver:** I, the parent and/or legal guardian of the above named player recognizes and understands that inherent dangers of organized sports. In particular, I am familiar with the risks of playing soccer and recognize that in the normal course of practice and/or playing a game, there is a possibility of physical injury. In consideration for Tallmadge United Soccer Club accepting the above-named player(s) for its soccer program and activities ("the Program"), I hereby release, discharge and/or otherwise indemnify Tallmadge United Soccer Club, its coaches, its associated organizations and sponsors, their employees and associated personnel, host teams or clubs and/or any entity or person providing fields, facilities, or equipment against any claim by or on behalf of the above-named player(s) as a result of the player's participation in the programs and or being transported to or from same. I further understand that images of my child, taken during TUSC events, will be used to promote the program both in literature and on the website.

Signature of parent and/or legal Guardian: \_\_\_\_\_

CONSENT FOR (MINOR) MEDICAL TREATMENT - As the parent/legal guardian of the above named player, I hereby give consent

for emergency medical care prescribed by a duly licensed doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependant.

Signature of parent and/or legal Guardian: \_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL / WORK: \_\_\_\_\_