

Tallmadge United Soccer Club

www.Tallmadgeunitedsoccerclub.org

2010 T.U.S.C. Fall Competitive Soccer Registration Form

The T.U.S.C. Competitive program is played through the Greater Akron Amateur Soccer Association (G.A.A.S.A.). There is a limited travel radius of 20 miles around the Akron area. Divisions are separated for girls and boys, ages 8 and above.

REGISTRATION FEES:	First Player	\$85.00 per session
	Second Player	\$70.00 per session
	Late Registration Fee	\$25.00 per late registration form received after 6/12/2010
	Uniform Fee	\$75.00 per uniform (Uniforms include a jersey, shorts and socks which are yours to keep and will be used each season. Samples are available at Ritchie's Sporting Goods for sizing).

HOW TO REGISTER:

- 1.) Complete one form per child.
- 2.) Enclose registration fee. Make checks payable to Tallmadge United Soccer Club
- 3.) Include a copy of a **COUNTY** issued birth certificate for proof of age of your child IF your child is new to the T.U.S.C. Competitive Division.
- 4.) Include 1" x 1" color photograph.
- 5.) Mail by **NO LATER THAN** June 12, 2010 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

WALK IN REGISTRATION DATES:

Saturday, June 12, 2010 - 9:00 a.m. to 3:00 p.m. at Ritchie's Sporting Goods

PLAYER INFORMATION:

Player's Name: _____ Date of Birth _____

Home Address: _____

City, State, Zip: _____ Phone _____

Parent's Names: _____ Cell / Work: _____

Mother's Date of Birth: _____ **(this is a new G.A.A.S.A. requirement)**

We have access to the internet Yes No Contact Email: _____

Medical Problems / Restrictions: _____

Date last played with T.U.S.C.: _____ Coach: _____

SPECIAL REQUESTS: _____ *(We try to accommodate but cannot guarantee requests)*

WAIVER AND CONSENT FOR (MINOR) MEDICAL TREATMENT: I, the parent and/or legal guardian of the above named player recognize and understand that inherent dangers of organized sports. I am familiar with the risks of playing soccer and recognize that in the normal course of practice and/or playing a game that there is a possibility of physical injury. In consideration for Tallmadge United Soccer Club accepting the above-named player 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 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 Tallmadge United Soccer Club events will be used to promote the program, in literature and on the T.U.S.C. website. Furthermore, I, the undersigned, have read, understand, and agree to abide by the G.A.A.S.A. Code of Conduct (The Code of Conduct can be found at www.gaasa.org). I also agree to accept actions taken by G.A.A.S.A. and/or the program for failure to conform to The Code of Conduct. 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 or certified medical personnel. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent.

Signature of parent and/or legal Guardian: _____ **Date** _____

IN CASE OF EMERGENCY, PLEASE CONTACT: NAME: _____

PHONE: _____ CELL / WORK: () _____

We need your help!! Please indicate below the areas in which would be willing to volunteer:

Coaching Assistant Coaching Lining Fields Concession stands

UNIFORMS:

Player name: _____ **Phone #:** () _____

My child has a T.U.S.C. uniform and will not need one

My child will need a uniform (please circle size): Youth Large Adult Small Adult Medium Adult Large

Amount Paid