

# Tallmadge United Soccer Club

## Spring 2010 Recreational Registration

The TUSC Recreational program takes place at the Summit County Fairground Fields.

The Spring season consists of eight (8) games and runs from:

**April 10 – June 5**

**There are not any games over Memorial Day Weekend.**

Three age divisions are offered: 4-5 years, 6-7 years and 8-9 years.

Children are placed by their age at the beginning of the season.

**GAMES:** All games are played on Saturday mornings. A 5v5 format is used with a limit of 10 players per team.

**PRACTICES:** Practice times are determined by individual coaches. When all team assignments have been made, coaches will contact you with practice information. Teams practice once a week.

**Coaches will contact you no later than April 3.**

**Uniforms:** All players will be provided shirts, shorts and socks. **Players must wear shin guards.**

**To Register:** Fill out one form for each player.

Enclose cash or check made payable to TUSC and mail to:

**TUSC**

**PO BOX 310**

**TALLMADGE, OHIO 44278**

Or for more information, call 330-630-TUSC or visit our website at

[www.TALLMADGEUNITEDSOCCERCLUB.ORG](http://www.TALLMADGEUNITEDSOCCERCLUB.ORG)

**Mail-in registrations are due by March 6<sup>th</sup>**

**Registrations received after March 6 will be considered late and require the late fee to be processed.**

**Walk-in Registration will be held at Ritchie's Sporting Goods**

**Saturday, March 6 from 10 am – 2 pm.**

		<b>After 3-6</b>
FEES.....	\$55.00	\$65.00
Additional siblings.....	\$45.00	\$55.00

**\*\*\*Registrations are taken on a first come, first served basis. Team space is limited.**

**Requests on late registrations may not be honored.\*\*\***

# TALLMADGE UNITED SOCCER CLUB

## SPRING 2010 RECREATIONAL REGISTRATION

Player:	DOB: _____	AGE at start of season: _____
Address:	Male _____	Female _____
City, Zip:	Home Phone: _____	
Mothers Name:	Work/Cell #: _____	
Fathers Name:	Work/Cell #: _____	
Email Address:	_____	
Medical problems or restrictions:	Mothers DOB: _____	<b>This is an OYSAN requirement</b>
Has player played for TUSC?    Y    N    Coach:	Date last played with TUSC: _____	
Coach/ player requests:	We will do our best to honor requests. Team size is limited. Requests will be determined by timely registration and previous placement.	
Uniform size    YS    YM    YL    AS (Circle one)		

WAIVER- I, the parent and/or legal guardian of the above-named player recognize and understand the 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 claims 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 the same.

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 dependent.

Signature of parent and/or legal guardian \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE CONTACT:**

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_ CELL \_\_\_\_\_

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_ CELL \_\_\_\_\_

**OUR CLUB RUNS ON VOLUNTEERS. IF YOU WOULD BE WILLING TO HELP IN ANY OF THE FOLLOWING AREAS, PLEASE CHECK AND YOU WILL BE CONTACTED WITH FURTHER INFORMATION.**

COACH \_\_\_\_\_ ASST. COACH \_\_\_\_\_ CONCESSION STAND VOLUNTEER \_\_\_\_\_

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

PHONE: \_\_\_\_\_

IF COACH, T-SHIRT SIZE: S   M   L   XL   XXL

EMAIL: \_\_\_\_\_