



Nashville Soccer Organization Registration Form



**\$50 Payable to Nashville Soccer Organization
(*\$40 for returning players reusing jersey)**

CHILD'S NAME: _____ TELEPHONE #: _____

E-MAIL ADDRESS: _____

STREET ADDRESS: _____ CITY: _____ ZIP: _____

DATE OF BIRTH: _____ Grade in School (Fall 2011) _____

IN CASE OF AN EMERGENCY, PLEASE LIST PARENTS NAME AND CONTACT INFO

PARENTS: _____ DAYTIME #: _____

ADDRESS: _____ CELL #: _____

Would you like to be sent a cell phone text for practice changes or game cancellations? _____

FAMILY PHYSICIAN: _____ PHONE #: _____

**DOES YOUR CHILD HAVE ANY HEALTH PROBLEMS OR CONDITIONS REQUIRING
REGULAR MEDICATION: _____ IF YES, PLEASE LIST CONDITIONS AND
MEDICATION AND PLEASE GIVE INSTRUCTIONS:**

PARENT'S AUTHORIZATION: MEDICAL

The health history above is correct as far as I know, and the above child has permission to engage in all prescribed activities except as noted by me and the physician. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult or chaperone in charge, to secure medical attention that may be necessary.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

PARENT'S AUTHORIZATION: TRAVEL AND PRACTICE

The above named child has my permission to participate in the Nashville Soccer Organization activities, and travel to all out-of-town games. I will not hold the Nashville Soccer Organization, the schools, Employees, Coach's , officers or SWIS responsible for accidents.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

\$50 registration includes a jersey that the player can reuse each year.

*Do you plan to use a jersey from last year this year? Yes or No If yes, # _____?

If jersey is needed, size needed (Youth Small to Adult XL): _____

**Please return completed form and registration fee to Geri Laws by July 15
18406 posen rd nashville IL 62263**

Questions call 618-534-9648
Also visit webpage www.swisoccer.com