

ALLOUEZ ANCHOR SOCCER CLUB 2010 REGISTRATION FORM

MAIL REGISTRATION FORM AND TOTAL FEES TO:

ALLOUEZ ANCHORS SOCCER 528 SOMERSET DRIVE GREEN BAY, WI. 54301

ACCOUNT (FAMILY) INFORMATION

PARENTS OR GUARDIANS		
ADDRESS	HOME PHONE	
CITY	ZIP	E-MAIL (VERY USEFUL FOR COMMUNICATION PURPOSES) PLEASE PRINT CLEARLY

VOLUNTEER INFORMATION

THERE IS A CRITICAL NEED FOR VOLUNTEERS TO BE ABLE TO CONTINUE THIS PROGRAM		
NAME		
<input type="checkbox"/> BOARD OF DIRECTORS AND OR CLUB OFFICER <input type="checkbox"/> LEAGUE COORDINATOR (NEED 1 OR 2 FOR EACH AGE GROUP) <input type="checkbox"/> CONCESSION STAND HELPER (AT BROADVIEW FIELDS ONLY) <input type="checkbox"/> COACH: AGE GROUP: _____ (NO PRIOR EXPERIENCE NECESSARY, TRAINING WILL BE PROVIDED) <input type="checkbox"/> WILL BE ABLE TO HELP WHERE NEEDED	HOME PHONE	CELL PHONE
	E-MAIL (VERY USEFUL FOR COMMUNICATION) PLEASE PRINT CLEARLY	

PARTICIPANTS (PLAYER) INFORMATION

PLAYER		BIRTHDATE:	
JERSEY SIZE <small>(PLEASE CIRCLE)</small>	XS S M L YOUTH SIZES	S M L XL ADULT SIZES	AGE: <small>(ON 7/31/10)</small>
		U-GROUP: U-	
NOTES:		REGISTRATION FEE: U-6 \$30 ALL OTHERS \$45	\$

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		U-GROUP: U-	
NOTES:		REGISTRATION FEE: U-6 \$30 ALL OTHERS \$45	\$

WE HEREBY AGREE THAT THE SOCCER ASSOCIATION FOR YOUTH (SAY) ITS MEMBERS, COACHES OR OFFICERS SHALL NOT BE LIABLE FOR ANY INJURY OR LOSS WHICH MY CHILD MAY SUSTAIN WHILE PARTICIPATING IN ACTIVITIES OF ANY KIND WHETHER SPONSORED BY OR UNDER THE SUPERVISION OF SAY AND WE AGREE TO INDEMNIFY AND TO HOLD HARMLESS SAY, ITS MEMBERS, COACHES, OFFICERS OR DESIGNATES OF ANY KIND FROM ANY CLAIM WHATSOEVER.

PARENT or GUARDIAN SIGNATURE (REQUIRED)	DATE:	TOTAL DUE: \$
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