



SOCCER WEST SOCCER CLUB

Dedicated to Player Development

FALL 2008 Registration Form

Must be mailed to: SWSC, 1320 56th Street, DSM, IA 50311

FOR REGISTRAR'S USE ONLY

Postmark Date _____ Team# _____

Player Fee \$ _____

Donation \$ _____

PLAYER INFORMATION: (A separate form is required for each player)

All new players must enclose a copy of birth certificate.

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Sex: _____ Date of Birth: _____ Team Type: COED or ALL-GIRLS

(please circle one)

Email Address: _____ School: _____ Grade: _____

PARENT INFORMATION:

Father's Name: _____ Hm. Ph.# _____ Wk. Ph.# _____ Cell#: _____

Mother's Name: _____ Hm. Ph.# _____ Wk. Ph.# _____ Cell#: _____

REGISTRATION FEES:

NEW THIS YEAR: Must have the following information for player id or player will not be registered:

Mother's Birthday (MM/DD): _____

Birthdate	Age Group	Registration Fee
7/31/03 or Before	U6 - U19	\$130
8/1/03-7/31/04	Kiddie	\$70
U9 Players Only	Recreational Team	Academy Team
Scholarship Donation for the less fortunate? Please consider donating.		

VOLUNTEERS: Our club is run entirely by volunteers. If you are interested in helping out please select one or more of the following:
 Coaching Assistant Coaching Bd. Of Directors Referee (must take class to be certified) Team Parent

MEDICAL CONSENT TO TREAT A MINOR

We understand that our child may become injured or ill during a Soccer Club activity or during transportation to or from such activities even though he/she is physically fit. We give our permission for Soccer West representatives and coaches to take emergency action on behalf of our child and to transport the child to emergency facilities when we are not present or available. We also give our permission to have an Athletic Trainer, Medical Doctor, Dentist, Nurse, Hospital or Clinic provide medical assistance and/or treatment. All expenses associated with this treatment will be paid by our medical insurance or by us.

Player's Doctor: _____ Phone: _____ Hospital of Choice: _____

Player's Allergies &/or Medical Conditions: _____

Medications taken regularly: _____ Date of last tetanus: _____

Person to notify (other than parent) in emergency: _____ Phone: _____

Insurance Company: _____ Policy Number: _____

Signature of Parent or Guardian: _____ Date: _____

Address of Parent or Guardian: (if different from above): _____

REMINDERS:

- Uniforms are \$28 and should be purchased at Soccer Connections, 312 Grand Avenue, West Des Moines, 279-6927. In order to guarantee a uniform by the first game, please order your uniform by July 1st.
- CHECKS ONLY**, payable to Soccer West Soccer Club or SWSC. **Do not staple check to form. NO CASH.**
- NO REFUNDS**, unless:
 - The player moves out of the area prior to the first game; or
 - The player is injured prior to or during the first game and cannot complete the season.
- Players whose registrations are postmarked after June 15, 2008 are less likely to be placed on the team of their choice.
- The fall season will start in late August; players will be contacted 1-2 weeks before the start of the season.**
- The Kiddie program will be held on Sundays from 4:30 – 5:30 p.m. at Aliber Fields, 63rd and Grand. You will be notified by email approximately 1-2 weeks before the session begins.**

FOR CLUB INFORMATION, VISIT OUR WEBSITE AT www.soccerwest.com

Questions, call Jodi on the Soccer West Hotline at 277-9997