



# Seymour Youth Soccer Player Registration Form



\_\_\_ Spring Registration: Games will begin in early April and will go through May.  
\_\_\_ Fall Registration: Games will begin in early August and will go through September.

Mail To:	Drop Off Between 8a-4:30p:	Tots	U6+
Seymour Parks & Recreation 301-309 N. Chestnut Street	Seymour City Hall 301-309 N. Chestnut Street	\$25 Children ages 2 & 3	\$60 Children 4 - 17

**Player Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: M / F  
 Address: \_\_\_\_\_ DOB:    /    /  
 \_\_\_\_\_  
 Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

**Circle Shirt Size:**

YXS (4/6) YSM (6/8) YMED (8/10) YLG (10/12) SM MED LG XLG XXLG XXXLG

\_\_\_ **YES!! I want to coach for my child's team.** I understand that to be a coach, I will need to submit my DLN and DOB for a background check. The Parks office will guide in this process. IF coaching, the registration fee is waived.

\_\_\_ **No, I am not interested in coaching.** However, I am interested in one of the following:

**Please check all that apply:** \_\_\_ Referee \_\_\_ Assistant Coach

Has this child played soccer before? \_\_\_ Yes \_\_\_ No

**As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care provided by a duty licensed Doctor of Medicine, Doctor of Dentistry, Nurse Practitioner, Registered Nurse, or any other Emergency Personnel. This care may be given under whatever circumstances necessary to preserve the life, limb, or well being of the above name player. I acknowledge that I am agreeing to opt into receiving emails and/or text messages from the Seymour Parks and Recreation Department.**

**YES / NO I release the Seymour Parks and Recreation Department/Seymour Youth Soccer to use my child's photograph(s) in future publications, including the Seymour Parks and Recreation or Seymour Youth Soccer Facebook page and/or website.**

\_\_\_\_\_  
Signature of Parent/Guardian                      Printed Name

**Office Use Only**

Date Received: \_\_\_\_\_ Entered By: \_\_\_\_\_ Payment Amount: \_\_\_\_\_  
Payment Type: \_\_\_\_\_