

# New Hampshire Cobras SC Registration Form Spring 2010

www.nhcobrassc.com

## Player Information

First: \_\_\_\_\_ Last: \_\_\_\_\_ MI: \_\_\_\_\_ M / F Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Player Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ Jersey #: \_\_\_\_\_  
MM/DD/YYYY

### Father's Information

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Mother's Information

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### NSC Club Agreement

Each parent signing a player to the Nashua Soccer Club agrees to abide by the Club's general rules. Failure to abide by this agreement may result in the termination of the child's eligibility to play in the Nashua Soccer Club. The Nashua Soccer Club does not offer refunds.

#### Release for Medical Treatment

I hereby authorize Nashua Soccer Club to seek emergency medical treatment in case of injury or medical problem, which may occur during league Sanctioned activities. Nashua Soccer Club must be notified in writing of any injury or other medical problem, related in any way to a league sanctioned activity within 24 hours of the occurrence. I agree Nashua Soccer Club shall not bear any financial responsibility for seeking any emergency medical treatment for my child, and I agree that I will be responsible for the payment to any healthcare agency providing this aid.

#### Nashua Soccer Club Fundraising Activities

I hereby agree to participate in all club fundraising activities or be subject to a \$30 buy out per season.

#### Parent Volunteer Opportunities

NSC relies on parent volunteers to further the success of our players, team and our club. All parents are expected to volunteer to support their team's efforts in at least one volunteer capacity. Please indicate your interest by checking the box that you wish to support. (You may check more than one)

- Head Coach     Assistant Coach     Team Manager     Team Trustee  
 Team Fundraiser     Team Publicist     Team Special Events Representative

Parent/Guardian Name: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### USYSA Consent for Medical Treatment (Minor)

As the parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Parent/Guardian Signature: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Doctor Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### USYSA Permission Form

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Parent/Guardian Name: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Team Manager Use Only:

Uniform Number Assigned: \_\_\_\_\_  
 Birth Certificate Attached: \_\_\_\_\_ Yes / No  
 Player Card Picture Attached: \_\_\_\_\_ Yes / No  
 Registration Fee Paid: \_\_\_\_\_ Yes / No  
 Uniform Order Confirmation Number: \_\_\_\_\_  
 Website Registration Completed (Date): \_\_\_\_\_  
 Payment: Check # / Charge # \_\_\_\_\_

#### Registrar Use Only:

Date Received / Date Processed: \_\_\_\_\_ / \_\_\_\_\_  
 NHSA Registration Completed: \_\_\_\_\_  
 GSYSL Registration Completed: \_\_\_\_\_

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Age Group	Annual	Uniform	Spring
Basic Academy	\$125	\$30	\$70
Advanced Academy	\$175	\$30	\$100
U8/9 6v6 Classic Cobras	\$300	\$65	\$175
U10 6v6 Classic Cobras	\$325	\$65	\$200
U9/10 6v6 Classic Cobras	\$325	\$65	\$200
U11 8v8 Classic Cobras	\$375	\$65	\$225
U12 8v8 Classic Cobras	\$450	\$65	\$275
U12-U14 Classic Cobras	\$450	\$65	\$275
U13 Premier Cobras	\$650	\$95	\$375
Senior Club Cobras	--	\$65	\$250
Senior Classic Cobras	--	\$65	\$325
Senior Premier Cobras	--	\$65	\$375