



# 2021 SOCCER REGISTRATION

**CHILDREN BORN FROM 2002 THRU 2017 ELIGIBLE**

**LEAGUE DATES** Mondays thru Fridays

**MAY 24-JUNE 25, 2021**

All youth soccer league games will be held at the soccer fields located in Caspian, Michigan

**COST \$40**  
(1ST CHILD)

**COST \$35**  
(2ND CHILD)

**MAXIMUM \$80**  
(PER FAMILY)

**AFTER DEADLINE**  
(\$10 LATE FEE PER PLAYER)

**ATTENTION: DUE TO POSSIBLE COVID CHANGES, PAYMENT DUE BY MAY 1ST or FIRST PRACTICE IN MAY**

Player \_\_\_\_\_ BOY or GIRL (Circle One)

FIRST NAME

MIDDLE INITIAL

LAST NAME

Address \_\_\_\_\_ Zip Code \_\_\_\_\_ DOB \_\_\_\_\_ Current Age \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

(or) Legal Guardian Name \_\_\_\_\_ Email Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**JERSEY SHIRT SIZE (Circle or Check One)**

**Youth Size:** XSmall \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ XL \_\_\_\_\_ **Adult Sizes:** Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ XL \_\_\_\_\_

**PLAYER EXPERIENCE (Please CIRCLE or CHECK )**

New Player \_\_\_\_\_ Experienced Player \_\_\_\_\_ Position Played \_\_\_\_\_ Name \_\_\_\_\_

**Wants to play with BROTHER or SISTER**

**PARENTS PARTICIPATION (Please CIRCLE or CHECK positions for which you are willing to volunteer)**

Head Coach/Asst. Coach \_\_\_\_\_ Team Parent \_\_\_\_\_ Field Maintenance \_\_\_\_\_ Referee \_\_\_\_\_ Board Member \_\_\_\_\_

**Forms MUST be postmarked by Friday, March 31st**

Send registration form to:

**IRON COUNTY SOCCER CLUB**  
(care of) Jocelyn Mottes  
PO Box 412, Caspian, MI 49915



or REGISTER ONLINE by Friday, March 31st at:  
**Ironcountysoccerclub.com**

**NOTE: due to possible Covid changes... payment due by May 1st or first team practice**

**Consent for Emergency Medical Treatment :**

I, the parent or guardian of \_\_\_\_\_, give permission for emergency medical treatment of my child for illness or accident if I cannot first be contacted.

**Emergency phone: Parent or Guardian**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Emergency contact other than parent:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Does your child have any allergies or require any special medication?

No \_\_\_\_\_ Yes \_\_\_\_\_ Explain \_\_\_\_\_

**Waiver (Please read, then sign and date):**

I have read over the Code of Ethics & Behavior for Parents and agree to exemplify its principles. I agree that the Soccer Association for Youth (SAY), its members, coaches and officers shall not be liable for any injury or loss that my child or children may sustain while participating in activities of any kind, whether sponsored by or under the supervision of SAY. I agree to indemnify and hold harmless SAY, its members, coaches, officers and designates of any claim whatsoever.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE - IRON COUNTY SOCCER CLUB ORGANIZATION USE ONLY**

Fee Paid \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Rec'd By \_\_\_\_\_ Date \_\_\_\_\_

Birth Year \_\_\_\_\_ Division \_\_\_\_\_ Team Assigned \_\_\_\_\_ Coach \_\_\_\_\_