**OLV Soccer Club Off-Line Registration Form – Fall 2017**

**more information at** [**www.olvsoccer.org**](http://www.olvsoccer.org)

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| **OLV Soccer** is open to children who are members of the Parish or attend OLV School grades preschool-8. **Children ages 5 & up** may play as part of an **OLV Soccer Club** team in a fun, recreational league through the Birmingham United Soccer Association (BUSA).  | **Our Lady of the Valley**Attn: OLV Soccer, Patrick Higgins1112 Indian Crest Dr.Indian Springs, AL 35124 |
| Please register by completing this form and return to OLV with payment. Please make checks payable to “OLV Soccer Club” and mail or return to the Church Office (Athletic box) or School Office.  | **For more information please contact**Patrick Higgins at patrick@deepsouthfibers.com or call 205-540-4000 |

**Player’s name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First MI

**Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender:** ****Male ****Female **Birth Date**: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ **Age** (*at start of season*) \_\_\_\_\_\_\_\_

**School Attending:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Grade 2017-2018 School Year**: \_\_\_\_\_\_\_\_

**Deadline to Register is August 13, 2017**

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| **Recreational U6 (Pre-K / K) - $95 Registration Fee**  | **Recreational U7-U14 (Grade 1-8) - $95 registration fee + $32 Uniform Fee**  |

**Uniforms:** ***U6 (Pre-K & Kindergarten ages 4–5):*** Registration fee includes a reversible Team jersey. (Parents provide shorts/socks. ***U7-U14:*** $32 fee includes two jerseys (home and away), shorts, & socks. *(Please note that uniforms will not need to be re-purchased if the general uniform set has not changed and/or player is still in the same recreational grouping.)*

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| **Check the box if your child played last season (Fall, 2016) & already has a uniform.**  | **Jersey # \_\_\_\_\_\_\_** |

***Jersey Size***YS YM YL YXL AS AM ALAXL***Short Size*** YS YM YL YXL AS AM AL AXL

**Parent(s)**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**home phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**cell**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**home phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**cell**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email address**\*(es) (required):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parents volunteer to**: Coach Assistant coach Registration/administration

**Emergency contact**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Doctor’s name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\***Child cannot play without a copy of their birth certificate on file with the OLV Soccer Club**\*\*

**Copy of Birth Certificate is:** ****Attached **** On File

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I, the parent/guardian of the registrant above, a minor, agree that the registrant and I will abide by the rules of OLV and Birmingham United Soccer Association, its affiliated organizations and sponsors, and by the by-laws of the OLV Soccer Club and Birmingham United Soccer Association. “I hereby hold harmless the Our Lady of the Valley Soccer Club and Birmingham United Soccer Association and any officer, agent, representative, member, employee. Or coach thereof from any and all liability for injury to the above named player which may result directly from the player’s participation in the soccer program I recognize that soccer is a contact sport producing strenuous physical exercise and assume all risk inherent therein. I further authorize any representative of the Our Lady of the Valley Soccer Club or Birmingham United Soccer Association to render first aid and to secure medical treatment and transport as my representative, such treatment appears necessary or desirable.”

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Parent /guardian signature Date