



SSA Skills Center, LLC

1005 N. Geddes Street
Syracuse, NY 13204
(315) 378-4403

Today's Date: _____

Soccer Member Registration

Child's
Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip _____

Phone: _____ Gender: _____ Child's DOB: _____

Parent / Guardian Information

Last Name: _____ First: _____ Cell #: _____

Last Name: _____ First: _____ Cell #: _____

Email Address: _____ Email Address: _____

Emergency Contact: _____ Phone: _____

Membership Options - Please check one

Training Only Goalie Training Only Training and League Play (Games in various Leagues)

(Please refer to our Fee Schedule and Policy Sheet for pricing and Membership Policy)

\$25 Registration Fee - Due at time of Registration
Please include check, payable to: SSA Skills Center

Paid Method of Payment: _____

To be completed by SSA Skills Center Coach

Member Start Date: _____

Training Days/Times assigned: _____ Age Division: _____

Sun Mon Tue Wed Thu Fri Time: _____

Sun Mon Tue Wed Thu Fri Time: _____

League Team assigned to: _____

Liability Release

In consideration of the acceptance of my application for the above activity, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property which I may have, or which may hereafter accrue to me, as a result of participation in said event. This release is intended to discharge in advance the SSA Skills Center, its officers, employees or agents from liability, even though that liability may arise out of negligence or carelessness on the persons or entitles mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risk, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

Parental Consent (to be completed if applicant is less than 18 years of age) I give my consent for my son/daughter _____ (Name of participant) to participate in the above activity, and I execute the above liability release on his/her behalf.

Consent to Treat

I hereby give my consent to the above applicant treated by a physician or surgeon in case of sudden illness or injury while participating in the above event.

It is understood that the SSA Skills Center provides no medical insurance for such treatment, and that the cost thereof will be at my expense. If a personal physician is listed below, every effort will be made to contact such physician. However, the locations of the activity or the nature of the illness or injury may require the use of emergency medical personnel.

(Name of personal Physician) _____

(Physician's phone # _____

_____ I do not give my consent to treat and request that medical or surgical services be withheld.

Please read before signing

I have read and understood the foregoing registration form, liability release form, parental consent and consent to treat, and agree to all their terms and conditions.

I have received, read and understand SSA Skills Center, LLC Membership Pricing Agreement.

(Date)

(Signature)

(Print name)

(Date)

(Signature)

(Print name)