



Tolland Soccer Club

FALL 2009 Registration Form

Early Registration Postmarked By – July 15, 2009

Registration Deadline – July 31, 2009

TSC Use Only	
Age Bracket :	U_____
Amount Paid :	\$_____

*** COPY THIS FORM FOR EACH PLAYER ***

Player Information:

Last name: _____

First name: _____

Gender: Male / Female

Birth date: ____/____/____

Allergies: _____

YEAR BORN	MONTH BORN	
	January - July	August - December
2004 or earlier	U6 must be 5 by 12/31/09	
2003	U7	U6
2002	U8	U7
2001	U9	U8
2000	U10	U9
1999	U11	U10
1998	U12	U11
1997	U13	U12
1996	U14	U13
1995	U15	U14

Registration Fee: Please check ONE option below:

- Recreation or TOPS (Special needs) \$85 per player (\$70 if postmarked **by** July 15)
- Travel Only \$140 per player (If selected to play Travel)
- Travel & Recreation \$140 per player

Multiple child discount: For the third child, deduct \$15. For the fourth child, deduct \$30

A \$10 Field Maintenance / Repair Fee is included in the above Registration Fees

Checks payable to **Tolland Soccer Club**. Mail Fees and Registration Form(s) to: **Tolland Soccer Club**
P.O. Box 752
Tolland, CT 06084

A \$30 fee will be applied to any returned checks.

Parent / Guardian Information:

Last name(s): _____ First name(s): _____

Address: _____

City/State/Zip: _____

Home Phone: (____) ____-____ Cell Phone: (____) ____-____

Email (required): _____

CAN YOU HELP?

- Coach _____
- Assistant Coach _____
- Friends of Tolland Soccer

Name: _____

Note: Coaches / Assistant Coaches require Board approval.

Emergency Contact (other than Parent / Guardian):

Last name: _____ First name: _____

Home Phone: (____) ____-____ Cell Phone: (____) ____-____

I, parent of / guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the 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 it's 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 the fields and facilities utilized for the Program, 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.

As a parent or legal guardian of the above players, I hereby give consent for emergency medical care prescribed by a fully 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.

Name: _____ Signature _____ Date: _____