

# SCW - PLAYER SIGN-UP FORM -

Organization: **Soccer Council of Waxhaw**

E-MAIL: [waxhawsoccer@carolina.rr.com](mailto:waxhawsoccer@carolina.rr.com)

Address: P.O. BOX 53

WEBSITE: [www.waxhawsoccer.org](http://www.waxhawsoccer.org)

Waxhaw, NC 28173

VOICE MAIL: **704 289 0505**

Sign up Date: \_\_\_\_\_

## FAMILY INFORMATION

<b>LAST NAME:</b> _____	<b>Primary Phone</b> _____	<b>Email address:</b> (please print legibly) _____
Address: _____	_____	_____
City: _____	<b>Emergency Contact (other than parents):</b>	
ZIP Code: _____	Phone: _____	Name: _____
<b>First Name:</b> _____	<b>Work Phone #:</b> _____	<b>Cell Phone #:</b> _____
<b>Relation to Player:</b> _____	<b>Occupation:</b> _____	<b>Coach-License:</b> _____
Parent 1: _____	_____	_____
Parent 2: _____	_____	_____

## PLAYER INFORMATION

PLAYER #1	PLAYER #1	PLAYER #1
<b>AGE GROUP:</b> _____ <input type="checkbox"/> play up	<b>AGE GROUP:</b> _____ <input type="checkbox"/> play up	<b>AGE GROUP:</b> _____ <input type="checkbox"/> play up
<b>AGE:</b> _____ requested	<b>Age:</b> _____ requested	<b>Age:</b> _____ requested
FIRST NAME: _____	FIRST NAME: _____	FIRST NAME: _____
MIDDLE IN.: _____	MIDDLE IN.: _____	MIDDLE IN.: _____
NICKNAME: _____	NICKNAME: _____	NICKNAME: _____
LAST NAME: _____	LAST NAME: _____	LAST NAME: _____
BIRTH DATE: _____	BIRTH DATE: _____	BIRTH DATE: _____
GENDER: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female
SCHOOL: _____	SCHOOL: _____	SCHOOL: _____
<i>special request</i> _____	<i>special request</i> _____	<i>special request</i> _____

SCW REGISTRATION FEE :	SCW REGISTRATION FEE :	SCW REGISTRATION FEE :
NCYSA REG. & INS. FEE :	NCYSA REG. & INS. FEE :	NCYSA REG. & INS. FEE :
REFEREE FEE :	REFEREE FEE :	REFEREE FEE :
DISCOUNTS:	DISCOUNTS:	DISCOUNTS:
UNIFORM PRICE: <input type="checkbox"/> Micro	UNIFORM PRICE: <input type="checkbox"/> Micro	UNIFORM PRICE: <input type="checkbox"/> Micro
SIZES: JERSEY _____	SIZES: JERSEY _____	SIZES: JERSEY _____
SHORTS _____	SHORTS _____	SHORTS _____
SOCKS _____	SOCKS _____	SOCKS _____
FAN WEAR Total _____	FAN WEAR Total _____	FAN WEAR Total _____
SALE ITEMS Total _____	SALE ITEMS Total _____	SALE ITEMS Total _____
<b>TOTAL PLAYER #1</b>	<b>TOTAL PLAYER #1</b>	<b>TOTAL PLAYER #1</b>

<b>TOTAL - PLAYER # 1</b>	_____
<b>TOTAL - PLAYER # 2</b>	_____
<b>TOTAL - PLAYER # 3</b>	_____
<b>Grand Total</b>	_____
CC APPROVAL #:	_____
CASH RECEIPT #:	_____

*We the parent(s) or guardian(s) of the above registrant(s) hereby give our permission for the registrant(s) participation in any and all activities associated with this soccer program. We assume all risks involved in the activities, including transportation to and from events, and we do hereby waive, release, indemnify, and agree to hold harmless the Soccer Council of Waxhaw (SCW), it's organizers, sponsors, participants and persons transporting to and from the activities release them from any claims arising from an injury to our child. We have read the above statement and agree to it.*

\_\_\_\_\_  
PARENT OR LEGAL GUARDIAN \_\_\_\_\_  
DATE

Please Print Legibly - Thank you!