



SSFC YOUTH SOCCER SPRING 2019 SIGNUP



Creating a fun, safe, and exciting environment for the sport of soccer in our community and neighboring areas

REGISTRATION OPTIONS

REGISTER WITH CREDIT CARD ONLINE AT: www.siloamspringsfc.com

MAIL: Must be received by Saturday, February 9th at:

SSFC, P.O. Box 6803, Siloam Springs, AR 72761

DROP OFF: Must be received by 5pm Friday, February 8th at:

Siloam Springs Parks and Recreation Office – 401 West University St.

(Check or Exact Cash in a sealed envelope is required at Parks and Recreation Office)

*For questions regarding registration, teams, coaches, or scheduling, please email us at siloamspringsfutbolclub@gmail.com or call Tom Hollopeter @ 479-231-1719

SPRING SEASON	RETURNING FALL PLAYER
\$70 (first child)	\$50 (first child)
\$65 (sibling)	

FINAL SIGN-UP DAY IS SATURDAY, FEBRUARY 9TH

SILOAM SPRINGS ARVEST BANK

(1645 US 412 by Atwoods)

FROM 9:00AM-12:00PM *look for the SSFC banner*

COACHES NEEDED

We are always looking for volunteers to coach these eager young kids. Coaching clinics and training materials will be available. Also, **one player fee will be refunded** upon receipt of balls, cones and coaching aids at the end of the season.

REFEREES NEEDED

Paid referees are needed to officiate games. Training/licensing classes will be available.

Player's Name: _____ Male: _____ Female: _____

Date of Birth: ___/___/___ Age of Child: ___ (Players must be 5 before 3/27/19) School Grade(as of 3/27/19): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ E-mail: _____

Father/Guardian's Name: _____ Phone: _____

Mother/Guardian's Name: _____ Phone: _____

Person to Notify in case of an Emergency: _____ Phone: _____

Other children in family playing: Name: _____ Age: _____ Name: _____ Age: _____

Player Experience/Number of Seasons Played: _____ Jersey Size: YXS YS YM YL YXL AS AM AL AXL

Shorts Size: YXS YS YM YL YXL AS AM AL AXL

VOLUNTEER OPPORTUNITIES:

COACH

ASST. COACH

FIELD VOLUNTEER

I, the parent/guardian of the below named player will abide by the rules and regulations of Siloam Springs Futbol Club, ASSA, its affiliated organizations and its sponsors. In consideration of the player's participation in the soccer programs and activity of SSFC, I, for myself and for the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release or indemnify SSFC, Gates Corporation and The City of Siloam Springs and their Affiliates, owners and the operators of the facilities used. I further grant SSFC and its affiliates the right to use the player's name or likeness in printed, photo and other promotional material concerning the programs provided. I hereby give consent for emergency medical care prescribed by a duly licensed Doctor or Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve the life, limb, or well-being of my dependent.

Parent/Guardian Signature: _____ Printed: _____

OFFICE USE ONLY

Cash Check # _____ GotSoccer: _____

\$70 Spring only- first child

\$50 Returning Fall Player- first child

\$65 Spring only- sibling

Coach Registration