

Subdivision Soccer League Registration Form



Additional registration forms may be found online at:

www.subdivisionsoccer.org

Submit this form along with a signed parent pledge form and a non-refundable check for \$95 payable to Subdivision Soccer. Give this form back to your Team Coach or Mail to:

Subdivision Soccer
38 Pine Tree Lane
Burr Ridge, IL 60527-5900

lori@subdivisionsoccer.org
Phone: 630-981-7715

Fax: 630-455-0787
ATTN: Lori Avgeris

Registration Fee: **\$95.00** per child.

(\$75 if returning from Fall 2009 season)

Registration deadline is January 30, 2010
A \$20 late fee must be included after this date.

Games are mostly played on Saturday & Sunday, with an occasional weeknight game.

Subdivision Soccer uniforms are required, and will be used for the Fall 2009 / Spring 2010 Seasons. Please note that the uniform top and bottom must be the same size.

- YS = 30-32" chest. 20-22" waist**
- YM = 32-34" chest. 22-24" waist**
- YL = 34-36" chest. 24-26" waist**
- AS = 36-38" chest. 28-30" waist**
- AM = 38-40" chest. 32-34" waist**
- AL = 40-42" chest. 36-38" waist**
- AXL - 44-46" chest. 40-42" waist**

Write Uniform Size Here:

In order to make Subdivision soccer a success, we need your help! Please check the boxes below that you have an interest/skill in.

Head Coach Assistant Coach Referee

Team/Division Coordinator (snacks, trash, schedule info, uniforms)

Field Maintenance (Waste Management, Line Painting, etc.)



IMPORTANT REGISTRATION INFORMATION

All sections of the application must be completed to ensure registration. A signed Parent Pledge and a non-refundable check must also be submitted along with this form. Please place checks inside folded form(s.) Please submit only one registration form per player and only one Parent Pledge per household per season. Registration is not fully completed until the application, parent pledge, and check are received.

Player Name: _____

Address _____ -City _____ Zip _____

Subdivision/Complex: _____

*(required)Phone: Home: _____ Cell: _____

*(required)Email: _____

*Must be provided for League use Only.

Birthday _____ Age _____ M/F: _____

School Attending: _____ Grade _____

Have you played soccer before? _____

If you have played with us, please note your Team/Coach: _____

Club/League: Name/Where? _____

Please check one: All teams coed.

Division Pre-K _____

Division KG _____

Division 1A/1st grade _____

Division 2A/2nd grade _____

Division 3A/3rd grade _____

Division 4A/4th grade _____

Division 5A/5th grade _____

Division 6A/6th grade _____

Division 7A/ 7th grade _____

Division 8A/9A grade _____

Requested coach or team name (Coach's consent required before admission to that team's roster:) _____

I, parent's name
(insert Parent/Guardian name here) do hereby consent to child's name

my child, taking part in the Subdivision Soccer activities at any designated area and further waive the right to initiate a course of action for any and all liability, by reason of injury to my child, while engaged in the program against or anyone connected with Subdivision Soccer. In addition, a Parent Pledge, will be signed to accompany this form.

Signed: X _____

Dated: _____