**Community Recreation & Soccer Select League**

**Player Registration Form, PO Box 532472**

**Indianapolis, IN 46253 (317)767-0699 \*\*\*\*PLEASE PRINT\*\*\*\***

Tuition (per child) $ \_\_\_\_\_\_
Uniform $25 $ \_\_\_\_\_\_\_
Volunteer Buyout $35 $\_\_\_\_
Tuition Assistance $ \_\_\_\_\_\_\_

Total Due $ \_\_\_\_\_\_\_

Amt Pd:\_\_

Ck#:Cash:\_\_\_

**Location (circle one) Hendricks Pike**

Player (Jugador) Last Name: Player First Name: MI

Street Address:

City/State/Zip: \_ Home Phone: \_ Please Circle**: *BOY GIRL* Date of Birth: / / Age: \_**

**Uniform Sizes (camisa)–**

 **Jersey XS YS YM YL AS AM AL AXL**

School Attending (escuela) Grade:

Father’s Name: Cell:

 Mother’s Name:

 Ok to send text messages? \_\_\_\_\_\_\_

Cell:

Primary Email:

Emergency Contact (contacto de emergencia): Relationship (Relacion):

Phone:

Any known health problems, allergies or special needs? Please report to coach at beginning of season.

I understand USAI runs on volunteerism. I would like to (circle which applies)

Name of Volunteer

Yo entiendo que cada familia trabaje de voluntario.

Coach Spanish Translator Snack Bar Field Prep Age Group Commissioner

Preseason Field Day Uniform Handout Volunteer Buyout ( $35)

The player’s parents and/or legal guardian(s) hereby consent and agree USA Indiana, Inc., Pike Youth Soccer Club Inc, its officers, directors, commissioners, coaches, other volunteers, and Indianapolis Parks and Recreation Department will not be liable for any injury sustained by the player while participating in any club activity and that such entities and persons have no responsibility for lost, stolen or damaged property. In addition I hereby give permission to the representatives of USAI to render first aid and obtain any medical treatment necessary to be administered until the parent/guardian(s) may be contacted. I also hereby assume the responsibility for payment of any aid or treatment.Los padres y/o el tutor legal del jugador consienten y convienen por este medio USAi, sus oficiales, directores, comisiones, entrenadores, otros voluntarios, y el Departamento de Parques y Recreo de Indianapolis y el no serán obligados para ninguna lesión sostenida por el jugador mientras que participe en cualquier actividad del club y que tales entidades y personas no tienen ninguna responsabilidad por propiedad perdida, dañada, o robada. También entiendo que se espera que cada familia trabaje de voluntario 3 horas cada temporada o que pague $35 durante la inscripción. Trabajemos juntos para nuestros hijos.

**I understand each family is expected to volunteer at last 3 hours each season or pay a $35 buy out during Registration.
USA Indiana may take photographs to post on social media. If you wish to opt out, please notify photographer.
I understand that if I accept tuition assistance, I must volunteer additional hours at $10/hr value:\_\_\_\_\_\_\_\_\_
I have read, understand, and agree to USAI's Player, Parent, Coach Codes of Conduct. Initial here:\_\_\_\_\_\_\_\_\_**

Signature Date

**Applications may be mailed to: USAI Registration, PO Box 532472, Indianapolis, IN 46253.**

**All USAI programs are volunteer supported. Please consider volunteering today.** rREVISED 120517