

**Huntsville National League / City of Huntsville Recreation Services  
Soccer Registration Form**

**PLAYER NAME** \_\_\_\_\_ **NICKNAME** \_\_\_\_\_ **SEX: M F**  
(As appears on birth certificate) Last First MI (circle one)

**ADDRESS** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **SCHOOL ZONE** \_\_\_\_\_

**HOME PHONE#** \_\_\_\_\_ **HOME EMAIL** \_\_\_\_\_

**BIRTH CERTIFICATE#** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age on 1-August** \_\_\_\_  
MM DD YY

**REQUESTS** \_\_\_\_\_ **YEARS OF SOCCER EXPERIENCE** \_\_\_\_\_  
(All requests will be considered, although all cannot be honored)

**SHIRT SIZE: YS YM YL AS AM AL AXL** **SHORT SIZE: YS YM YL AS AM AL AXL**  
(Circle one) (Circle one)

**FATHER** \_\_\_\_\_ **PHONE: (H)** \_\_\_\_\_ **(C)** \_\_\_\_\_ **(W)** \_\_\_\_\_

**MOTHER** \_\_\_\_\_ **PHONE: (H)** \_\_\_\_\_ **(C)** \_\_\_\_\_ **(W)** \_\_\_\_\_

**EMERGENCY CONTACT** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**Volunteer Information**

Please check all that apply – **OUR LEAGUE IS ONLY AS STRONG AS OUR VOLUNTEERS! THANKS!**  
 Coach \_\_\_\_ Asst. Coach \_\_\_\_ Referee \_\_\_\_ Referee Coord \_\_\_\_ Age Group Coord \_\_\_\_ Equipment Coord \_\_\_\_  
 Team Parent \_\_\_\_ Uniform Coord \_\_\_\_ Data Entry \_\_\_\_ Scheduling Coord \_\_\_\_ Field Maintenance \_\_\_\_  
 Web Master \_\_\_\_ Director of Coaching \_\_\_\_ Ast. Director \_\_\_\_ Director \_\_\_\_  
(Volunteer questions? Please contact your soccer director for details.)

**RELEASE STATEMENT**

I, the parent (guardian) of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, it's 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, I hereby release, discharge, and/or otherwise indemnify the USYSA, the affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the programs against any claim by or on behalf of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

Further as the parent (guardian) of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Mail your registration form and a check (\$55 per child - maximum \$110 per family) made out to "Huntsville National League" or "HNL" to: **Tony Thorpe 1094 Leeward Drive Huntsville, AL. 35803**  
 Registration forms may also be returned to McGucken Park during scheduled registrations. Fall registration also covers your child for the following year's HNL spring soccer season. Ask your soccer director about our spring soccer program.

*League Use Only:* Check# \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Birth Cert? Y N BC# \_\_\_\_\_  
 Boys: U6 U8 U10 U12 U14 Girls: U6 U8 U10 U12 U14 Residency Checked? Y N