



VILLAGE OF CUYAHOGA HEIGHTS SPORTS DEPARTMENT
4863 East 71st Street • Cuyahoga Heights • OH • 44125

SOCCER REGISTRATION - Fall/Spring

*If you played in the Fall, you **DO NOT NEED** to register again in the Spring, you will be automatically signed up unless you notify us otherwise.*

Soccer Registration (**ALL PLAYERS NEED TO REGISTER**)
REGISTRATION CLOSES AUGUST 1 for Fall
REGISTRATION CLOSES MARCH 1 for Spring
(\$25 LATE FEE APPLIES)

Name: _____ Date of Birth: _____

Address: _____ City: _____

Phone: _____ Gender: _____ Grade: _____

Parent/Guardian E-mail Address(es): _____

If our Village is unable to form a team, please list your preferred village/team (i.e., Valley View – Coach Smith, Brooklyn Heights – Coach Smith): _____. **Please note: Teams are filled based on roster needs and guidelines. Therefore, your preferred request will be considered, but is not guaranteed.*

Please list any conflicts your child may have during the season (i.e. another activity on Mondays, etc):

Shorts & Shirt Sizes

Youth Small	(6-8)		
Youth Medium	(10-12)		
Youth Large	(14)	Shorts: _____	Shirt: _____
Adult Small	(34-36)		
Adult Medium	(38-40)		
Adult Large	(42-44)		

Does child have any physical ailments, such as allergies, heart, etc.? _____

If yes, please explain: _____

Having been informed of the organization of the Cuyahoga Heights Sports Department to provide supervised youth soccer, I/We the parents of the above named candidate, do hereby give my/our approval of his/her participation in any and all of the activities during the current season. I/We do assume all the risks and hazards incidental to the conduct of the activities, transportation to and from the activities, and I/We do further hereby release, absolve, indemnify and hold harmless the Village of Cuyahoga Heights, the organizers, sponsors, leasers and the supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our child to or from activities. The Village of Cuyahoga Heights does not provide medical insurance. Do you have hospitalization and/or medical insurance? YES or NO. I have read and understand the above waiver and release:

Parent/Guardian

Date

Parent/Guardian

Date

VOLUNTEER COACH REGISTRATION:

NAME _____

Head Coach

Assistant