



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

**FALL SOCCER REGISTRATION**

*\*All players need to be registered*

**Registration Deadline: July 15**

**(\$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