

Hancock Soccer Association

Spring 2012 Recreational Registration Important Information and Instructions:

Website: www.hancocksoccer.com

PLEASE READ ALL OF THE FOLLOWING BEFORE SUBMITTING REGISTRATION FORM:

- **BIRTH CERTIFICATE is REQUIRED for all new players to HSA and Black Swamp (U12-U19).** If your child has not previously played for Hancock Soccer (including all new Little Kickers), include a copy of his/her certified birth certificate from the Health Dept. (not from the hospital) with registration form. All players new to Black Swamp League (U12 - U19) need to submit a copy of a certified birth certificate from the Health Dept. (not from the hospital). This is a **Black Swamp rule**- they need a copy for their files. If you played in Fall 2011, we have yours on file and you do not need to submit a copy. ***New registrations cannot be accepted without birth certificate!***
- **Child must be 4 before August 1, 2011 to play soccer in Spring 2012.**
- **NEW FOR SPRING 2012 SEASON-** HSA will be combining the U7 and U8 age groups. This "new" U8 age group will still be divided into separate girls and boys teams, but each team will include players from both age groups.
- **REGISTRATION FEES** are listed on registration form. Any registration submitted without proper payment will be returned. **All registrations submitted after January 31, 2012 will be assessed a \$20 late fee per registration.**

NO REGISTRATIONS WILL BE ACCEPTED AFTER FEBRUARY 15, 2012.

- **FINANCIAL AID:** Aid is available on a limited basis. Application forms are available on the HSA website. You will need to fill out and submit the financial aid form with the registration form to receive aid.
- **UNIFORMS:** Shin guards are required. Socks must be worn over and completely cover shin guards. All players are required to wear the Official HSA uniform (blue shorts, blue and yellow jersey, blue socks). Uniforms can be ordered at time of registration, and can only be ordered through Hancock Soccer Association. In cold weather, sweatshirts and/or pants can be worn UNDER approved uniform. Uniforms will be distributed through the coaches prior to first game of the season.
- **JEWELRY: ALL JEWELRY, INCLUDING EARRING, MUST BE REMOVED BEFORE EVERY GAME,** except medical bracelets. **DO NOT GET EARS PIERCED BEFORE START OF SEASON- YOU WILL HAVE TO REMOVE THEM TO PLAY!**

TAPING OF EARRINGS IS NOT AN OPTION.

- **SPECIALREQUESTS:** Requests must be noted on registration form in the comment section. Consideration will be given, but requests are not guaranteed. **Directors decide the teams, not coaches or parents.** Players may be assigned to different teams each season to facilitate learning, teamwork with new players, and to maintain a competitive balance.
- If your child played outside his/her age division in fall season, please note this on registration form. **ALL NEW REQUESTS TO PLAY OUTSIDE AGE DIVISION MUST BE MADE IN WRITING TO VP OF RECREATION.**
- **CONFIRMATION OF REGISTRATION:** Your first confirmation of registration is your cleared check (for fees &/or uniform). Registrar will send out monthly confirmation email to all registered players. **DO NOT BE ALARMED-** It is likely you will not hear anything for several weeks after mailing in your registration forms. **PLAYERS WILL BE CONTACTED BY A COACH in MARCH,** after registration is complete and teams have been formed. All information including practice information, uniforms, etc will come from the coach.
- **GAME SCHEDULES:** Game schedules will be posted on HSA website in March. The majority of games are scheduled on Saturday mornings & Sunday afternoons. There is a possibility of weeknight games in all divisions.

Direct all questions concerning registration to the HSA Registrars through the HSA website.

LK - UI0 Nikki Parmelee or U12 - U19 Erin Nagy

www.hancocksoccer.com



HSA

Hancock Soccer Association Spring 2012 Soccer Registration

REGISTRATION DEADLINE: JANUARY 31, 2012

Player Information

Please print legibly & fill out all boxes.

Complete one registration form for each player.

Player Info	Last Name		First Name		M.I.	Date of Birth:		Month	Day	Year	
	Mother's Birthdate: / /		Did your child play in the fall? ___ Yes ___ No		If yes, Coach/Team Name:		What school does your child attend?		Medical Condition or Allergy:		
Required for Player ID											

Parent and/or Guardian Info: (Please provide contact for at least one parent or guardian.)

Primary Parent and/or Guardian Name:				Home Phone:			
Address:				Cell Phone:			
City:		State:		Zip:		Email:	
Other Parent and/or Guardian Name:				Primary Phone Number (if different):			
Address (if different):				Cell Phone:			
City:		State:		Zip:		Email:	

Are you interested in volunteering? Your help is greatly appreciated!! Please mark the appropriate box(es):

Coach	<input type="checkbox"/>	Asst Coach	<input type="checkbox"/>	Age Group Director:	<input type="checkbox"/>
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REQUIRED Findlay Sports Violence Policy, Liability Waiver, and Medical Release

Sports Violence Policy- I understand that under the Youth Sports Violence Prevention Policy adopted by the Findlay Parks and Recreation Board, if I should become involved in any act of violence toward any athlete, official, coach, parent, or other spectator while attending any Hancock Soccer Association Activity, I face a one-year suspension from further participation or attendance at such activities.

Liability Waiver- I acknowledge that I: am the parent/guardian of above named player authorized to consent on the player's behalf; have reviewed this form & the information it contains & represent that it is accurate. I release HSA, coaches, and officials of liability in the event of injury.

Medical Release- I give my consent to have a coach, paramedic, &/or doctor of medicine or dentistry provide medical assistance &/or treatment. I agree to be financially responsible for cost of such assistance &/or treatment. Attempts will be made to contact parents of players based on information provided on this form.

******No jewelry may be worn during games. Taping of earrings is not allowed******

I have read, understand, and agree to the above statements.		Signature	Date
Comments:		<i>H.S.A. may attempt to fill requests as possible. Players are not guaranteed to be on or with same team, coach or players as previous season(s).</i>	

Division	Age	Birth Date	Fee
U5 "Little Kicker"	4	8/01/06 - 7/31/07	\$30
U6	5	8/01/05 - 7/31/06	
Division	Age	Birth Date	Fee
U8	6, 7	8/01/03 - 7/31/05	\$40
U10	8, 9	8/01/01 - 7/31/03	
BLACK SWAMP Division	Age	Birth Date	Fee
U12	10, 11	8/01/99 - 7/31/01	\$50
U15 Coed	12-14	8/01/96 - 7/31/99	
U19 Coed	15-18	8/01/93 - 7/31/96	

Family Price (3 or more players)	\$100
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Registration Deadline: January 31, 2012

Checks Payable to: Hancock Soccer Association

Submit registration to:

H.S.A. Registrar
P.O. Box 471
Findlay, OH 45839

****\$20 Late Fee assessed to each registration received Feb.1 - 15, 2012. NO REGISTRATIONS WILL BE ACCEPTED AFTER FEB. 15, 2012****

Office Use Only	
BC Verify	<input type="checkbox"/>
Uniform	<input type="checkbox"/>

*****Registrations that are incomplete or without proper fees will be returned*****

Black Swamp Soccer League

Club Name: _____ Team Name: _____

Child's Name: _____ Birth Date: _____

Address: _____

Phone #: _____

RULES OF THE USYSA

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, the Black Swamp Soccer League, its affiliated clubs, organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USUSA & BSSL and its affiliated clubs accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors (e.g. Ohio Youth Soccer Association North, The Black Swamp Soccer League, Clubs and Soccer Coaches), their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Please sign here to indicate you've read and agree to the above:

Name: _____
Parent/Legal Guardian (please print)

Signature: _____ **Date:** _____

Hancock Soccer Association Recreational Player Uniform Order Form

If player has an approved HSA uniform that fits and is in good playing condition, you do NOT need to order a new uniform.

If you need a full uniform, please fill out this section. The cost for a full uniform is **\$25.00**

Please circle the sizes you would like to order.

Jersey (includes 1 blue and 1 yellow)

Youth XS (4) Youth Small (5/6) Youth Medium (8/10) Youth Large (12/14) Youth XL (18)
 Adult Small Adult Medium Adult Large Adult XL

Shorts (includes 1 pair)

Youth XS (4) Youth Small (5/6) Youth Medium (8/10) Youth Large (12/14) Youth XL (18)
 Adult Small Adult Medium Adult Large Adult XL

Socks (includes 2 pairs)

Small Medium Large

If you only need replacement pieces, please fill out this section.

Please fill in the chart with only the items you would like to order.

			Circle color needed:	Cost each:	Subtotal
Jersey- order 2 if you need both colors	Size	Quantity	Yellow Blue	\$6.50	\$
Shorts	Size	Quantity		\$6.50	\$
Socks (pair)	Size	Quantity		\$2.50	\$

Please fill out Player info:

Player Name:
Address:
Phone Number:

Total Due: \$

Uniforms will be distributed through the coaches prior to first game of season.