



Northland United Soccer Club

PO Box 114, Big Rapids, MI 49307

(231) 250-3263

E-mail: nuscbcr@yahoo.com

Website: <http://www.orgsites.com/mi/northlandunitedsoccerclub>

2009 - 2010 REGISTRATION

Fee : \$60 for **both** fall and spring, \$40 for **either** fall or spring

Family discount for three or more players: \$5 less per player

Child must be 5 years old on 7/31/2009 for both fall and spring seasons. (MSYSA rules)

DEADLINE FOR FALL REGISTRATION: JULY 16, 2009.
Mailed registrations must be postmarked by July 16, 2009.

PLAYER INFORMATION

Player's Last Name _____ Player's First Name _____

Date Of Birth: ____/____/____ Gender: F M Phone Number _____

Month /Day/ Year

E-mail _____

Address _____ City _____ Zip _____

Name of School _____ Grade in 2009-2010 _____

PARENT/GUARDIAN INFORMATION

(Employment Info Requested For Alternate & Emergency Contact Purposes)

Mother's Name _____ Home Phone _____

Mother's Place Of Work _____ Work Phone _____

E-mail _____ Cell Phone _____

Father's Name _____ Home Phone _____

Father's Place Of Work _____ Work Phone _____

E-mail _____ Cell Phone _____

NUSC is a non-profit organization that depends upon volunteer efforts for its success. We ask that a member of your family offer some form of volunteer assistance to NUSC during the calendar year in which you register. This is not a school sponsored program.

Parent Volunteer Commitment: ___Mother ___Father Please circle one of the following areas:

Jersey Coordinator | Assist with jerseys | Assist with registration events | As needed

Please Consider Checking a Box Initials _____

Coach (50% off registration fee of one child: refunded following team assignment)

Assistant Coach

Fee: \$60 for both seasons, \$40 for either fall or spring, Fee _____
(Please circle) **Both fall and spring, Fall 2009 only, Spring 2010 only**

Jersey: Included in fee for U6 only which means that birthday falls in this range: 8/1/2003 – 7/31/2004.

Circle size: YS (4-6) YM (8-10) YL (12-14) AS AM AL 15.00 _____

Total \$ _____

JERSEYS WILL BE AVAILABLE FOR PICK-UP FOR THE FALL SEASON STARTING AUGUST 7, 2009 AT NEW HORIZON LANDSCAPE 15433 220TH AVENUE BIG RAPIDS.

PLEASE COMPLETE MEDICAL RELEASE FORM ON THE BACK. PLAYER CANNOT PRACTICE OR PLAY WITHOUT IT ON FILE.

Office use only Date received: _____

Payment type: Check # _____ Amount _____ Cash

We cannot honor requests for coaches, teams, etc.

PLAYER last name _____ PLAYER first name _____

AUTHORIZATION TO PROVIDE MEDICAL CARE

*Parents And/Or Players Must Understand The Following & Apply Their Signature Where Indicated Below
A Copy Of This Authorization Shall Have The Same Force And Effect As The Original.*

TO ANY HOSPITAL OR MEDICAL PROVIDER:

This document constitutes my authorization and consent for you to provide any and all medical and nursing care that you deem necessary or appropriate and in the best interest of my child named on the front of this form under the "Player Information" section, and shall assume financial responsibility for this treatment. I represent to you that I have the legal authority to authorize and to consent to such medical care. I further authorize the bearer of this document to execute on my behalf any and all Consent and Treatment forms, including informed consent forms for invasive procedures, which you may require as a condition of treatment.

This authorization is effective this _____ day of _____, 20____ and shall remain in effect for one year from this date.

My Child's Physician is _____ and his/her Contact Number is _____.

Please list your child's Allergies, Significant Medical Conditions, and/or Recent Injuries: _____

CODE OF CONDUCT, PERMISSIONS & RESPONSIBILITIES

As a member of NUSC, I realize the time and effort many people have volunteered in dedication to this program that teaches the sport of soccer and supports the growth and development of youth in the Big Rapids Area. In appreciation, while participating in NUSC related activities I will not engage in any behavior which will bring discredit to the NUSC organization, its member families, players & coaches and my community as a whole. I hereby commit to the following code of ethics

- 1) I will place the emotional and physical well being of all children ahead of a personal desire to win.
- 2) I will model good sportsmanship by demonstrating **positive** encouragement, affirmation and support for all players, fans, coaches and officials.
- 3) I will remember that the game is for the children -- not for the adults.
- 4) I will refrain from the use of profanity, derogatory language, tobacco and alcohol at all NUSC events.
- 5) I will respect and care for all facilities, doing my share to keep it safe for the children and free from litter, pets or damage.
- 6) I will remember that there is a time and place for questions and concerns, and will refrain from inappropriate conflict in the presence of NUSC children, families and guests at our facility.

Should I not abide by any of the above, I realize that I may be suspended from the NUSC organization upon the recommendation of the Board of Directors after a review of the situation. I will comply with the final decision of these authorities, knowing their decision is based upon what it felt best for me, NUSC, our community, and the sport of soccer.

I give my permission to NUSC for the registrant (person indicated in the Player Information section on the reverse) to appear in photographs, videotapes or other media associated with the NUSC program. I understand that soccer is a full contact sport, and that playing soccer can result in serious injury. I understand NUSC does not provide personal safety and protection equipment, and that **soccer shoes (no toe-cleat), shinguards, and long socks to cover shinguards must be worn for participation in games, practices or clinics.** The registrant is responsible for bringing an appropriately sized ball for his/her age bracket, as well as water, fluids or food to any activities that may require these items.

SIGNATURE BELOW IS REQUIRED AND IS APPLICABLE TO THE "AUTHORIZATION TO PROVIDE MEDICAL CARE", "CODE OF CONDUCT" AND "PERMISSIONS & RESPONSIBILITIES" STATEMENTS SHOWN ABOVE.

Parent/Guardian Signature _____ Date _____

Print Your Name _____ Relationship To Player _____