

(Please write your FAMILY name in the top-right corner.)

**Fall 2017 Home School Soccer Season
at Riverside Athletic Complex
610 Druw Cameron Drive, Woodstock GA 30188
from 1:00-3:00 pm on Thursdays, August 31st, 2017 thru Nov 2nd, 2017.**

We will NOT meet on September 21st for Fall Break.

Dates are subject to change. Registered participants will be notified of any changes via e-mail.

Volunteer Here!

Home School Soccer is a non-profit cooperative run by parent/older sibling **volunteers!**

To qualify for a \$5/child **reimbursement**, circle here ► **Roll-Call Parent** ◀ to volunteer for one of your children's teams. You must commit to and fulfill this position for the 8-week season.

All children of Head Coaches and up to 2 children of Assistant Coaches who commit to and fulfill the full 8 week program, are **reimbursed** the Player Fee (minus any t-shirt fees.) Please note which coaching position you're interested in and which team(s) you'd be able/willing to coach.

Head Coach

Assistant Coach

I prefer to coach the _____ team.

Experience is not required. A dependable parental Assistant can be helpful to our soccer gifted teen coaches. **(Please note: We will call you regarding open positions that might fit your skill level / interest. Also, be aware that if you do not fulfill your commitment, you leave us short staffed, and will NOT be reimbursed a discount on player fees.)**

Register Here

Player Fees for seasonal soccer play are \$50/child. If needed, T-shirts are \$7.50 each.

Fees are reduced to \$45/child for registrations post marked by May 31st, 2017.

(Full player fees must be paid up-front; Reimbursements are paid at the end of the season.)

No registrations will be accepted after On-field registration, August 3rd, 2017.

NAME OF PLAYER(S)	Birth date	Gender	Shirt Size (YXS, YS, YM, YL, AS, AM, AL)	Shirt Cost \$7.50	Player Fee \$45 each before 5/31	TOTAL

If a child drops out after the first week, player fees are not refundable.

Remember to complete & sign the Waivers below.

TOTAL PAYMENT:
\$ _____

Please mail these completed and signed forms, along with your check to
Home School Soccer League
P O Box 597
Woodstock, GA 30188-0597

Parents: Note below any concerns for coaches to be aware of, i.e., asthma, allergies, etc

WAIVER

I, the undersigned parent/guardian of _____ whose birthday(s) is/are _____, realize that my child(ren) is/are participating in Home School Soccer at their own risk.

I assume all responsibility for my child(ren), including, but not limited to, all medical bills and/or other expenses that might result from any injury or damages to my child(ren). I will not hold any of the organizers, coaches, volunteers, or players of Home School Soccer responsible for any injuries or damages.

I also acknowledge that Home School Soccer exists and operates, in large part, due to the efforts of our coaches and other volunteers. As a parent, I will instruct my child(ren) to be respectful to and cooperate with these coaches/volunteers. Further, I understand that Home School Soccer reserves the right to implement disciplinary action or even to disallow participation in soccer play with no refund, due to disrespectful behavior toward staff, volunteers or other players.

BY SIGNING THIS FORM, I ATTEST THAT I HAVE READ AND UNDERSTAND THE WAIVER/STATEMENT OF AGREEMENT AND FULLY COMPLY WITH ALL ITS CLAUSES.

Signature of Parent/Guardian Date Printed name of Parent/Guardian
(Waiver MUST be signed for child(ren) to participate.)

Mailing Address (*required*) _____

Be aware that we use our **HSSL website, email** and an automated **CALLING POST** messaging system for alerts regarding rain cancellation notices, etc.

Email Address _____
(Please print clearly; by doing so you agree to receive e-mails from HSSL.)

Phone number(s) _____ Cell # _____
(Please circle which phone number you'd like us to use for the Calling Post.)

On game days, I will be with my child who is age: _____

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Home School Soccer is a **non-profit, parent-run** cooperative.
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Additional Notes: