



FALL 2010 RECREATION SOCCER REGISTRATION

www.selsc.org



GAMES: Start of Season: Saturday September 25th, 2010
Dates of Games: 9/25, 10/2, 10/9, 10/16, 10/23 and 10/30
All games will be played on Saturday this season; family fun-day will be on 10/30.

Co-ed, all girls and toddler leagues available (Toddlers must be three by August 1st, 2010)

Shin guards are mandatory, metal cleats are prohibited.

COST: **NEW DISCOUNTED FEES**
\$40.00 (Register and pay by August 15th, 2010)
\$45.00 (Register and pay by September 3rd, 2010)
\$50.00 (This is a late registration after September 3rd, 2010 and placement is not guaranteed)

Fee includes soccer jersey and award.

Mail-in Registration
Hillcrest Soccer Association
P.O. Box 24008 Lyndhurst, Ohio 44124

Drop Box Location
Completed registrations/payment may be put in our drop box located in Lyndhurst City Hall, main door entrance by the table.

In Person Registration
Play-It-Again Sports-5455 Mayfield Road, Lyndhurst
Saturday August 28th, 2010 from 2:00-4:00

Direct questions about the program to: Hillcrest Soccer Association: 440-479-4488
David Gordon, Director: dgordon@selsc.org
Chip Hoppel, Registrar: choppel@selsc.org
Debbie Vanderbilt, Registrar: dvanderbilt@selsc.org

Payment type: Check (Payable to SELSC) Visa MC
Name on card _____ Card Number _____
Expiration Date _____ Zip Code of bill _____ Three digit security code on back of card _____

ONE PLAYER PER FORM

PLEASE TEAR

PLEASE TEAR

PLEASE TEAR

SOUTH EUCLID-LYNDHURST SOCCER RECREATION REGISTRATION FALL 2010

Current Grade as of September 2010 (Circle One)

Specify League Preference (Circle Choice)

PRE-K	K	1 ST	2 ND	3 RD	4 TH	5 TH	6 TH	7 TH	8 TH	9 TH
-------	---	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------

Toddler – Co-Ed	Girls	Boys / Co-Ed
-----------------	-------	--------------

Player's Name: _____ Uniform Size: _____ Birthday (M/D/Y): ____/____/____

Player's School: _____ Sex (M/F) _____ Home Phone () _____ - _____

Parent's Names _____ Cell Phone () _____ - _____

Parent's Address _____ City _____ Zip _____

Check if interested: Head Coach Assistant Coach Name of Volunteer _____

E-mail Address _____ Coach or Teammate Preferences (if any): _____

I understand and agree this fee does not include accident or personal property insurance and that it is my sole responsibility to procure insurance for loss of property or injury resulting from any accident, which may occur during the use of field facilities. I expressly agree and do hereby hold harmless South Euclid-Lyndhurst Soccer and Hillcrest Soccer Association, the owner of the fields and their facilities, its sponsors, and members from any and all damages to property or personal injury arising out of the use of the premises where South Euclid-Lyndhurst Soccer or Hillcrest Soccer Association activities are performed. I also understand and will adhere to the overall philosophy and that this activity is for recreational and educational aspects only. Any spectator, coach, or player not in compliance is subject to review, which may include removal by the Director/Board of Directors of the league.

Signed (by parent or guardian) _____ Date: ____/____/____