

LONDON 2024 SPRING SOCCER PROGRAM

Open to all boys and girls in grades 1 through High School not on a club team, no matter where you live..
Matches will be played weekly on Sundays and some Saturday mornings at St Patrick's School from
March 23 to May 26. Practices planned for once a week. TBD for days and times of practices at this time.

This Registration form must be received, along with the fee **by March 16th** to insure your child's participation.
Cost is \$30.00 per player. Cash, Check or Venmo

Please make checks payable to:

JEFF STIFFLER

MAIL Registrations to: **Jeff Stiffler**

1406 Itawamba Trl

London, Oh 43140

740-852-5540

-----<Cut here and send bottom portion with your league fee>-----

Child's Name: _____ Age: _____ Sex: _____ Grade: _____

Address: _____ Phone: _____ - _____

Previous Years of Soccer Experience: _____ In the Kiwanis/4v4 Leagues: _____

Last Team played with: _____ Coach: _____

Email Address: _____ Text #: _____

Medical Information and Release Form

Release: My child has my express permission to participate in the London Soccer Program. I will not hold the Board, Officers, Sponsoring Organizations, Coaches, Referees or Facility locations responsible for any injuries in connection with the soccer program. Soccer is a contact sport with a soccer ball that may be kicked in any direction at any time.

Emergency Medical Authorization: In the event that reasonable attempts to contact us have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by our Physician, or Dentist, or in the event the designated Physician or Dentist is not available, by another licensed Physician or Dentist, and the transfer of the child to the preferred hospital or any hospital reasonably accessible. This authorization does not cover major surgery, unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery. Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted are listed below:

1st CONTACT: (Parent or Guardian)

NAME: _____

PHONE: _____

2nd CONTACT:

NAME: _____

PHONE: _____

Preferred Physician and Phone: _____

Preferred Dentist and Phone: _____

Preferred Hospital: _____

Parent or Guardian Signature: _____ Date: _____

Yes! I (we) would like to help with the following: _____ Coaching _____ Refereeing

Name(s): _____

Contact: Jeff Stiffler 614-306-3742 website: www.londonsoccer.org Email: londonsoccer@aol.com

For all London Soccer updates, Like us on Facebook: facebook.com/londonsoccer