

PENNINE UTD.

(pronounced pen-nine)

The following provides instructions of completing your registration packet.

PLEASE complete all forms with as much detail as possible. Without this information, you will not be eligible to participate with Pennine Utd.

We would appreciate the return of this information as soon as possible to proceed with your registration for league, tournament and state regulations.

- Pages 2 & 3 Consent to Medical Treatment Form
- Page 4 Liability Release for Pennine Utd.
- Page 5 Credit Card form to be used for Hotel Reservations (Optional)
- Page 6 Pennine Utd Medical Release Form, (3 COPIES REQUIRED-MUST be notarized)
- Page 7 Nike Uniform Order Form
- Page 8 Information
- Page 9 Registration Information
- Page 10 A Note to Parents!
- Page 11 US Club Registration Form
- Page 12 OYSAN Membership Form
- **PLEASE enclose 3 (Three) copies of your child's birth certificate**
- **PLEASE enclose 3(Three) wallet size photographs (APPROX 1"x 1")**

Please include your fees and uniform purchase with your registration to:

Pennine Utd.
7720 Olde Eight Rd
Hudson
OH 44236

PENNINE UTD.

(division of The Edge Sports Academy, Inc.)

CONSENT TO MEDICAL TREATMENT

I/we, _____, the parent(s) or legal guardian(s)
of _____, do hereby authorize Pennine Utd. to act in our stead and
place in seeking and obtaining any medical care or treatment of any kind or description, including surgical
and dental care, which it, or they shall deem to be necessary and appropriate and as if they, Pennine Utd.,
or their designee, were said child's legal guardian.

THIS DOCUMENT IS INTENDED TO ALLOW ANY PHYSICIAN, DENTIST, TECHNICIAN, OR
OTHER MEDICAL PERSONNEL TO TREAT THE ABOVE MINOR IN A MEDICAL SITUATION
WHEN THEY ARE UNABLE TO OBTAIN OUR IMMEDIATE CONSENT AT THE TIME OF
TREATMENT.

The undersigned does hereby release Pennine Utd., or its designee, from any and all liability whatsoever
which might arise by reason of said Pennine Utd. , or its designee, seeking or obtaining medical care or
treatment for the above named child, and the undersigned does hereby agree to be responsible for and to
pay hospital, physician, dentist or other medical personnel or facility and shall reimburse, indemnify and
save Pennine Utd., or its designees, fully harmless as to any and all expenses of any type, nature or
description incurred in obtaining such medical care or treatment.

(Parent or Legal Guardian)_____

(Parent or Legal Guardian)_____

Date: _____

City: _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

E-Mail Address: _____(PLEASE PRINT CLEARLY!)

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LIST ALL MEDICAL PROBLEMS:

PERSON TO NOTIFY IN CASE OF EMERGENCY:

NAME: _____
RELATION: _____
PHONE NO: _____

DOCTOR TO NOTIFY IN CASE OF EMERGENCY:

NAME: _____
PHONE NO: _____

DENTIST TO NOTIFY IN CASE OF EMERGENCY:

NAME: _____
PHONE NO: _____

PREFERRED HOSPITAL: _____

PLAYERS NAME: _____

ADDRESS: _____

CITY,STATE,ZIP: _____

HOME PHONE : _____ SEX: _____

DATE OF BIRTH: _____

PARENT(S) or GUARDIAN(S) NAME: _____

INSURANCE CARRIER: _____

POLICY NUMBER: _____

POLICY NUMBER: _____

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LIABILITY RELEASE

I, We understand and agree that soccer is a sporting activity involving physical exertion and competition and like other sporting activity it comes with an inherent risk of injury as a result of participation which cannot be fully eliminated.

The undersigned, individually, and as parent(s) or legal guardian (s) of _____ do hereby for ourselves and said

(name of child)

minor child, and our respective heirs and personnel representatives, hereby fully release and agree to save harmless Pennine Utd., or their designee and any other person acting or serving in the capacity of coach or assistant coach or any other person participating as a player in the affiliated leagues with US Club Soccer and the USYSA in which the afford said child is a participant from any and all loss, damage, claim for damage or liability which may hereafter be asserted as a result of said minor child's participation in any game, practice session, or other related activity including transportation to and from games or practice sessions or other related events.

Print Name of Parent or Legal Guardian _____

Date: _____

(Signature)

(Signature)

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TOURNAMENT TRAVEL INFORMATION

(OPTIONAL)

In preparation for tournament travel and in an attempt to reserve blocks of rooms at the lowest rates possible, we will need a credit card number in order to reserve hotel rooms.

Therefore, please complete the following questions. All information will be kept strictly confidential and will only be released to the hotels/motels that we reserve for tournament travels.

Participation for each tournament will be verified **PRIOR** to reserving rooms.

TYPE OF CREDIT CARD: Mastercard_____ Visa_____ Other_____

CARD NO:_____ EXP DATE:_____

NAME:_____

ADDRESS:_____

CITY,STATE,ZIP:_____

PHONE NO:_____

NUMBER OF PEOPLE IN ROOM_____

NUMBER OF ROOMS NEEDED_____

PREFERRED E-MAIL ADDRESS:_____

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MEDICAL RELEASE FORM

As parent/legal guardian of _____, I request that in my absence the above player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the minor above. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above named player.

Player's Date of Birth _____ Date of last Tetanus Booster _____

Known allergies of this player, including any allergies to medicine:

Any other Medical problems should be noted: _____

Family Physician _____ Phone No: _____

Name of Parent/Guardian: _____

Address: _____

City,State,Zip: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Person responsible for Charges: _____

Address: _____

City,State,Zip: _____

Phone: (Home) _____ (Work) _____ (Fax) _____

Person to notify if parent or guardian is unavailable: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Insurance Carrier: _____ Policy No: _____

Signature of Parent or Guardian _____

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me on the ___ day of _____, 20__

Notary Public in and for the State of _____

Commission Expires _____

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Information and Policy

We would first of all like to thank you for your choosing to represent Pennine Utd. Your choice to join our club represents the fact that your son/daughter is serious about the game of soccer and wishes to develop their soccer ability in a fun and positive, but competitive and professional environment.

Pennine Utd is just entering its sixth year. Our growth has been quick and consistent since day one. We began with 2 teams in the Spring of 2002 and we now look forward to the Fall of 2008 with over 20 teams. While our club is young and new, our staff is very experienced in soccer up to the highest levels. Most of our staff are involved with college and high school teaching professions.

Fees:

Club Fees: \$1540 (second and third children \$1400) per year.

Registration Fee: \$80 enclose with your package

There are 4 quarterly payments of \$365 due per year

Fall, (July 15th) Winter I, (Oct 15th) Winter II, (Jan 15th) and Spring (March 15th)

Nike Uniform Package \$250 one time fee for ALL players (\$190 for U10 and younger)

Returning players \$150 does not include Sweat Top or Bag

Travel Tournaments Quoted

Once you have committed to the club, we will save you a roster spot. Deposits are not refundable and go to the team budget immediately. Deposits are also not transferable.

In the event you decide to take off a session, you are giving up your roster spot. In this event, we cannot guarantee that spot is available if and when you return.

Tournaments

Parents will choose tournaments they wish to participate in. 15 or more players constitutes enough players to enter your team.

Once you have committed to a tournament you are responsible for the full fee. The club still has the responsibility and expense of the tournament team well in advance.....even if you change your mind or miss a tournament game.

At times, certain players will be invited to certain tournaments based on ability. This should not be looked upon as favoritism by club players not invited.

In the FALL and SPRING session ALL players are required to participate in our local tournaments. Please make sure you read our TOURNAMENT POLICIES on the website, before you register your child.

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Registration

Pennine Utd registers its players under US Club. Once you have registered with Pennine Utd you have committed to our club for one year. There is no additional registration process for Spring 2009 for returning high school players. ONLY new players to the club have to register.

ANY player who wishes to transfer/move to another club in mid-season (Between Fall 2008 and Fall 2009) may do so, but you will be responsible for a \$50 administrative fee.

*** US Club registration means you are signing for Pennine Utd Soccer Club, not a team.

All players are available for any team within the club, age and gender permitting. In some age groups we will may have 2 teams, and selection will be determined by the coaches throughout the year.

1) RETURNING PLAYERS.....Registration

There is **NO PAPERWORK** to complete, except for page 13. However I DO need a current updated wallet size photograph. Please include your \$80 registration fee for the 2009-10 year to save your roster spot to:

Pennine Utd
7720 Olde Eight Rd
Hudson Ohio 44236

2) NEW PLAYERS.....Registration

Please complete the attached player registration form, include your \$80 registration fee, plus fall dues of \$365 and return it to:

Pennine Utd Soccer Club
7720 Olde Eight Rd.
Hudson
Ohio 44236

PLEASE note that ANY incompletd form will be return to you. This process has to be COMPLETED ONCE and needs to be done correctly.

PLEASE make sure you PRINT one page per sheet....I will not accept forms with half the information on one sheet and the other half on another sheet.

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PARENTS

This program is about the growth and development of your son or daughter, not you!

Your positive support and your recommendations to other quality players to join our program will help our continued growth.

During this growth, individuals will feel the need to leave our club, move on or leave to pursue other sports. We only ask that you communicate with us openly. If you think another program is more suitable to you, we will be glad to help that transition in any way we can. Please remember you are moving on, it does not mean you need to lose any friends.

Pennine Utd is responsible for coaching soccer to provide your son/daughter with the best opportunity to develop into a better, more knowledgeable and mature soccer player, in a positive environment.

If your son/daughter leaves our program a better player than when he/she arrived, we have been successful in the development of that player.

Please note that if your child does not attend practice, they will not improve!

Pennine Utd believes players of similar ability should play together, against players of similar ability.

This allows late developers the opportunity to grow at their own pace. This selection process will be our choice, not yours.

Pennine Utd does not guarantee any playing time...period. Premier soccer is very competitive and the players have to earn the right to represent our club at the highest level we can possibly attain. In house and travel soccer are there to provide "equal playing time".

This will be at the discretion of our coaching staff, and FULLY supported by the club.

Any player who wishes to take a session off, does so at the risk of losing his/her roster spot. There is no guarantee the roster spot you left will still be available when/if you decide to return. We have a commitment to those who are playing for Pennine.

I have read and agree to pay all fees on time as explained in this registration and on the Pennine website. Failure to do so will result in suspension of play and continued failure to pay, will result in legal action at our discretion, plus late fees of \$25 per session. Without your fees, we cannot provide the services that you joined for.

High Maintenance Parents are not welcome into our club. If you do not feel you can be part of this type of environment and follow the rules, please do not come. I will be happy to help you find another club. We have over 300 players and 500 hundred parents to keep happy and this is impossible! Throughout the year your son/daughter athlete will experience up and downs, inconsistency, illness, and injuries which will test all of us involved with the club.this is part of their growth, do not baby them or criticize the club. Try to support all the players at Pennine, by being consistent and positive.

The club will back its coaches 100% in any decision they make.

I have read and agree to support the philosophy and policies issued by Pennine Utd. I have read the club fees structure and accept responsibility for the full payment of these fees and the late charges incurred if my payments are late.

NAME (Print) _____

SIGNATURE _____



716 8th Ave. North
 Myrtle Beach, SC 29577
 Phone: (843) 429-0006
 Email: admin@usclubsoccer.org
 Website: www.usclubsoccer.org

YOUTH CLUB REGISTRATION CONFIRMATION

Club Name PENNINE UTD

City LODI

State OH

I hereby consent to the above-named club registering me with US Club Soccer. I understand that I may be registered to only one US Club Soccer member club at any time. [Note: it will not be necessary to complete this form again as long as the player is with this club; which will hold this form unless requested by US Club Soccer.]

 Player's Signature

 Date

 Parent/Guardian Signature

 Date

PLAYER'S MEDICAL INFORMATION

Player's Name

Birth Date

Street Address

City

State

Zip

Email Address

Father's Name

Home Phone ()

Bus Phone ()

Mother's Name

Home Phone ()

Bus Phone ()

In an emergency when parent/guardian cannot be reached, please contact the following:

Name

Home Phone ()

Bus Phone ()

Name

Home Phone ()

Bus Phone ()

Allergies

Other Medical Conditions

Physician

Home Phone ()

Bus Phone ()

Medical/Hospital Insurance Company

Phone ()

Policy Holder's Name

Policy Number

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. *I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.*

Signature _____

Date _____

(Relation to player: father, mother, guardian)

US Youth Soccer Player Membership Form

OHIO YOUTH SOCCER ASSOCIATION NORTH

League Name: _____ Age Group: _____ Male/Female: _____

Club/Team Name: _____ Player ID#: _____

First Name: _____ M.I.: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Area Code/Tel. Number: _____

Email: _____ Birth Date: _____

Cell Phone: _____ Mother's Month & Day of Birth: _____ (Required)

Father's Name: _____ Mother's Name: _____
(First Name; Include Last Name if Different from Player) (First Name; Include Last Name if different from Player)

Last Club Team Played On: _____ Primary or Secondary Team: _____

WAIVER OF LIABILITY:

By checking one of the boxes below, I the parent/guardian for the above child release, discharge and/or otherwise indemnify the organization/league/club for which I am registering the child to play, US Youth Soccer, the Ohio Youth Soccer Association North, its affiliated sponsors, employees and associated personnel, including the owners of fields and facilities utilized against any claim by or on behalf of the registrant as a result of his or her participation.

(Agreement for Electronic Submission) By checking this box and submitting this e-Registration form, I acknowledge that: I am the parent/guardian authorized to consent on the player's behalf; I have reviewed this form and the information it contains and represent that it is accurate; and I agree to submit this form electronically with the intent to be bound by its terms and conditions.

By checking this box, I acknowledge that: I am the parent/guardian of the player authorized to consent on the player's behalf; I have reviewed this form and the information it contains and represent that it is accurate; and I have opted to print this form, sign it, and return it by mail, instead of submitting electronically.

Parent/Guardian Signature: _____ Date: _____

GENERAL CONSENT FOR MEDICAL TREATMENT:

By checking one of the boxes below, I give my consent to have an athletic trainer, coach paramedic, and/or doctor of medicine or dentistry provide medical assistance and/or treatment. I agree to be financially responsible for the reasonable cost of such assistance and/or treatment. This consent does not apply to major surgery unless surgery must be performed to treat an emergency condition. Attempts will be made to contact parents of players participating in the program based on information provided on this form.

(Agreement for Electronic Submission) By checking this box and submitting this e-Registration form, I acknowledge that: I am the parent/guardian authorized to consent on the player's behalf; I have reviewed this form and the information in contains and represent that it is accurate; and I agree to submit this form electronically with the intent to be bound by its terms and conditions.

By checking this box, I acknowledge that: I am the parent/guardian of the player authorized to consent on the player's behalf; I have reviewed this form and the information it contains and represent that it is accurate; and I have opted to print this form, sign it, and return it by mail, instead of submitting electronically

Parent/Guardian Signature: _____ Date: _____

