



Due February 7th

In the Spring the Walnut kickers teams are composed of 6th graders who attend elementary schools and Walnut's 7th graders. The coaches will receive their team roster at the beginning of March and the coach will determine the practice day(s) and time. (The teams usually practice 1-2 days a week starting at 6:00 or later at Armleder Park.) New players purchase a jersey and provide their own shorts and socks. Players do not need to be going to Walnut in the Fall to play in the Spring. Thanks, Bonnie Liss Walnut SAY District Rep. 533-1777

6 th *and 7 th grade KICKERS	8 th and 9 th grade MINORS	10 th , 11 th and 12 th grade SENIORS
\$75*	\$85*	\$85*

If you need a *Walnut SAY Jersey* add \$15.00

*Scholarships are available upon request.

Spring Season March 28th thru May 17th

- **Mail the form**, and check (payable to WHHS Alumni Foundation) to *SAY SOCCER c/o Walnut Hills High School 3250 Victory Parkway 45207*. Registration can also be dropped off in the main office.
- **Free Referee Training is February 29th**. No registration is required. Just show up! More information at <http://www.sayeast.org>
- **Thank you to all the parents and other volunteers** who run Walnut's SAY teams! **I am also looking for volunteers for the Walnut SAY Board**. There is a volunteer section on the registration form. I'll be glad to give you more information and to help you get started! bonn.li@yahoo.com 533-1777

Walnut Hills High School offers recreational SAY soccer teams for students in 7th through 12th grade who are currently attending Walnut Hills or will be attending in the Fall

SAY Soccer

Walnut Hills High School

Administration Only

Paid \$ _____ Pd. Jersey _____

Date Rec'd ____/____/____

Rep Signature _____

Comments _____

Boy Girl

Player's date of birth ____/____/____ Grade _____

Player's Name _____

Player's School _____

Shirt # _____ Fall '19 Team _____ Coach _____

Circle shirt size if needed **AS AM AL AXL 2XL**

Parent/Guardian #1 _____

Address _____ City _____ Zip _____

Phone home _____ work _____ cell _____

E-mail (home) _____ E-Mail (work) _____

Preferred e-mail for team communications home ___ work___ both___

Parent/Guardian #2 _____

Address _____ City: _____ Zip: _____

Phone home _____ work _____ cell _____

E-mail (home) _____ E-Mail (work) _____

Preferred e-mail for team communications home ___ work___ both___

Consent for Emergency Medical Treatment, and Liability Release

We the Parents of _____ give permission for emergency medical treatment of our child for illness or accident if we cannot be contacted. Emergency contact other than Parent/Guardian:

Name: _____ Relationship: _____ Phone: _____

Does your child have any allergies or require any special medication: **Yes** ___ **No** ___

Explain: _____

We hereby agree that the Soccer Association for Youth (SAY), its members, coaches, or officers shall not be liable for any injury or loss which my child may sustain while participating in activities of any kind whether sponsored by or under the supervision of SAY, and we agree to indemnify and hold harmless SAY, and their members, coaches, officers or designates of any kind from any claim whatsoever. We further certify the above information is accurate, the player is in good health, and the player has our permission to play.

Signature and Date _____

I volunteer to help Name _____

Coach Asst.Coach Other help with team _____ Walnut Hills SAY Board Referee