

REGISTRATION FORM

Player Information

Last Name _____ First Name _____ Gender _____ Best Contact # _____ Birthdate _____ Age as of 3/01/12 _____

Address _____ City _____ Zip _____ Email address _____

Church (if you regularly attend church, which one) _____

Have you played organized soccer before? Yes No

If so how many years? _____

Link To Coach (name) _____

Only for parents coaching their child's team

If your child has a sibling in the same age group, do you want them to be on the same team?

Yes

No

Name of sibling _____

Practice conflict. Circle ONE day you **CANNOT** practice.
Tues. Wed Thurs.

I cannot practice at 4:15 p.m.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
TOTAL:	
<input type="checkbox"/>	

REGISTRATION (\$30): _____ Rec'd by: _____ Jersey (\$20) _____ Size: _____ rec'd? _____
Shin Guards (\$10) _____ Size: _____ rec'd? _____ **CAN YOU COACH A TEAM?** Yes No

Parents/Guardian Information

Father/Guardian _____

Mother/Guardian _____

Telephone (home) _____ (work) _____

Telephone (home) _____ (work) _____

Employer _____

Employer _____

I can do one of the following for this player's team:

Coach (Please complete a coach application) Referee Team Parent

I can do one of the following for this player's team:

Coach (Please complete a coach application) Referee Team Parent

Please Read Carefully – Release Must Be Signed

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition? Yes No If Yes, please state conditions: _____

If you wish to have your family doctor contacted in case of emergency:

Doctors Name: _____ Phone # _____

EMERGENCY AUTHORIZATION:

I the undersigned, parent/guardian of the participant hereby authorize the coaches or parents of team members acting in the capacity of activity supervisors as my Agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency I hereby authorize treatment and/or care at any hospital. If there is an emergency and I cannot be reached please contact:

Name _____ Phone# _____

WAIVER OF LIABILITY AND DISCLAIMER

I the undersigned, parent/guardian of the above name individual, acknowledge that participation in athletic events necessarily involved risk of physical injury. I further acknowledge that the programs of Frazer UMC are primarily administered by parents who volunteer their time rather than paid professionals. In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individual in its programs. I hereby release, discharge, and hold harmless Frazer UMC, its employees, volunteers and other representatives from any claims relating to any physical injury that may result to said individual while participation in the Frazer UMC soccer league sponsored events, including any physical injury from the negligence of any official, referee or coach while performing his/her duties during any practices or games.

Signature of Parent/Guardian: _____ Date: _____